DOCUMENT RESUME

ED 146 436 CE 013 680

AUTHOR	Gray, Madelaine
TITLE	Competency Assurance Program for Occupational Therapy Practitioners. Final Report. July 1, 1976 - June 30, 1977.
INSTITUTION	American Occupational Therapy Association, Rockville, Md.
SPONS AGENCY	Health Resources Administration (DHEW/PHS), Bethesda, Md. Bureau of Health Manpower.
PUB DATE	Jun 77
CONTRACT	HRA-231-76-0064
NOTE	92p.
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	*Agency Role; *Certification; *Occupational Therapists; *Occupational Therapy Assistants; Performance Based Education; *Policy Formation; Post Secondary Education; Professional Associations; Program Descriptions; Program Development; *Standards
IDENTIFIERS	American Occupational Therapy Association

ABSTRACT

A project was developed to design policies and procedures for competency-based recertification for occupational therapists and occupational therapy assistants. Project activities included the exploration and appraisal of various methods of recertification, e.g., continuing education requirements, audit/record review requirements, written examination requirements. Criteria were developed and used to conduct the appraisal of these and other methods. After analysis of the appraisal results and discussion of several problems, such as generalist versus specialist recertification and continuing education requirements for relicensure, policies and procedures for the recertification of occupational therapists and occupational therapy assistants were recommended, some of which follow: (1) that the American Occupational Therapy Association (AOTA) endorse, develop, and implement the concept of a comprehensive Competency Assurance Program for occupational therapy practitioners (components of the program are outlined in this report); (2) that the AOTA recertification process be developed, administered and periodically evaluated according to basic principles; and (3) that a minimum passing score be established. (This project report includes the following appended materials: contract scope of work, design and audit committee members, initial certification requirements, lapsed certification policies, and AOTA by-laws.) (SH)

Documents acquired by ERIC include many informal unpublished materials not available from other sources. ERIC makes every effort to obtain the best copy available. Nevertheless, items of marginal reproducibility are often encountered and this affects the quality of the microfiche and hardcopy reproductions ERIC makes available via the ERIC Document Reproduction Service (EDRS). EDRS is not responsible for the quality of the original document. Reproductions supplied by EDRS are the best that can be made from the original.

ED146436

FINAL REPORT

Contract #231-76-0064

COMPETENCY ASSURANCE PROGRAM

FOR OCCUPATIONAL THERAPY PRACTITIONERS

July 1, 1976 - June 30, 1977

By:

Madelaine Gray, MA, OTR

Project Director

The American Occupational Therapy Association

6000 Executive Boulevard

Rockville, Maryland

Sponsored by:

Department of Health, Education, and Welfare

Public Health Service

Health Resources Administration

Bureau of Health Manpower

Division of Associated Health Professions

Manpower Utilization Branch

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CE 013 680

ACKNOWLEDGMENTS

On behalf of the AOTA, I would like to express my appreciation and thanks to the Division of Associated Health Professions (DHEW) for the support which they have provided for this project. In particular, I would like to thank the Project Officer, Margaret A. Wilson, Ph.D., for the generous giving of her time, knowledge and interest to the project. The committee members and I enjoyed working with her and appreciated her assistance to the project.

Madelaine Gray, MA, OTR
Project Director

June 1977

TABLE OF CONTENTS

		PAGE
A.	ABSTRACT	1
B.	INTRODUCTION	2
C.	BACKGROUND INFORMATION	5
D.	PROJECT OBJECTIVES	10
E.	PROJECT MANAGEMENT	12
F.	PROJECT METHODOLOGY AND RESULTS	14
	1. Criteria Developed	15
	2. Methods Appraised	17
	3. Appraisal Results Analyzed	21
	4. Problems Discussed	24
	5. Recommendations Developed	33
	6. Comments Requested	33
	7. Educational Plan Developed	34
G.	RECOMMENDED POLICIES AND PROCEDURES FOR A COMPETENCY ASSURANCE PROGRAM	41
H.	PROJECT SUMMARY	55

APPENDICES

I. Resolution #300-71

II. Contract Scope of Work

III. Design and Audit Committee Members

IV. Initial Certification Requirements

V. Lapsed Certification Policies

VI. AOTA By-Laws

A. ABSTRACT

The objective of this project was to design policies and procedures for competency-based recertification for occupational therapists and occupational therapy assistants. The work included the exploration and appraisal of various methods of recertification, e.g. continuing education requirements, audit/record review requirements, written examination requirements. Criteria were developed and used to conduct the appraisal of these and other methods. After analysis of the appraisal results and discussion of several problems, such as generalist vs. specialist recertification and continuing education requirements for relicensure, the contract staff and committee members recommended policies and procedures for the recertification of occupational therapists and occupational therapy assistants.

The committee also recommended that the AOTA endorse, develop and implement the concept of a Competency Assurance Program for occupational therapy personnel. The components of a Competency Assurance Program for occupational therapists and occupational therapy assistants were identified.

B. INTRODUCTION

Since the early 1970's, recertification of health care practitioners has been a subject of much debate. Numerous questions have been raised about the necessity and legality of recertification. The debate has also centered on issues such as voluntary vs. mandatory recertification, specialist vs. generalist recertification, and written examinations vs. continuing education as requirements for recertification. The list of questions is long; the available answers are few.

Some of the debate over the necessity for recertification seems to be over. Many professional associations, health care practitioners, employers and government agencies now recognize the need for a periodic reevaluation of competency to practice. There is considerable concern over the present situation in which the initial entry-level license or certification is a life-time credential. In almost no health field, is evidence of continued competence required to secure a renewed license or certification to practice.

Even though there is general agreement about the need for recertification, the debate continues over the type of policies and procedures to be used for recertification. In addition to the policy issues mentioned above, other issues include: the legality of the denial of recertification; the frequency of recertification; and the relationship between recertification and relicensure requirements. Procedural issues focus primarily on the type of evaluating mechanism to be used to determine continued competency.

Various procedures such as written and oral examinations, clinical simulations, required participation in continuing education, and chart audit/record review have been discussed. In a few cases some of these methods have been developed and implemented as the basis for recertification. However, some of this pioneer work in the development of recertification programs is now being questioned as to its effectiveness and/or efficiency in the evaluation of competency.

Some professional associations, particularly those in medicine, have tackled these problems and have started recertification programs; however, many are still searching for better answers to the problems involved in the evaluation of continued competence to practice. As stated in the HEW Forward Plan for Health, FY 1977-81, "Methodologies for assessing health care quality and methods for influencing provider performance are still primitive and need further development and critical examination."[1] In the 1977 HEW report, Credentialing Health Manpower, HEW spoke again to the need for further investigation in this area:

> The professional organizations and States are urged to incorporate a specific requirement for the assurance of a continued level of practitioners' competence as one condition

---

1 Forward Plan for Health, HEW, FY 1977-81, GPO catalogue #HE20.2: H34/2/977-81

in the recredentialing process. Employers are encouraged to provide opportunity for participation in programs directed toward assuring continuing competence; participation should be a major criteria in employee evaluation and incentives. Additional studies of the best mechanisms to assure continued competence should be supported on a high-priority basis.

The following sections of this paper describe AOTA's efforts since 1971 to develop competency-based recertification. Of course the AOTA does not believe that all the answers have been found; however, we do believe that substantial progress has been made in determining how to develop a comprehensive program to assure the continued competence of occupational therapists and occupational therapy assistants.

C. BACKGROUND INFORMATION

The AOTA Continuing Certification Project began in 1971 with the passage of resolution #300 by the AOTA Representative Assembly, which is the policy-making body of AOTA. Figure 1 on the following page shows the structure of the AOTA on the local, state and national levels.

The resolution, attached in Appendix I, charged the AOTA to develop standards for the continuing certification of Occupational Therapists, Registered (OTRs) and Certified Occupational Therapy Assistants (COTAs). The standards were to be based upon a definition of quality practice.

The section of the resolution, titled "background information," describes the historical development of Representative Assembly action leading to the passage of resolution #300. It is important to note that in 1967 the Representatives defeated a resolution recommending continuing education as a requirement for renewal of registration and certification. The resolution proposed that a Committee on Continuing Education was to be responsible for identifying and approving appropriate workshops and courses, and that members would send in proof of attendance at the approved continuing education programs. The principal reason for the defeat of this resolution was that proof of having attended a number of continuing education programs was not viewed as evidence of the maintenance of competency to practice occupational therapy. Participation in continuing education programs was seen as an

Organizational Structure
American Occupational Therapy Association, Inc.

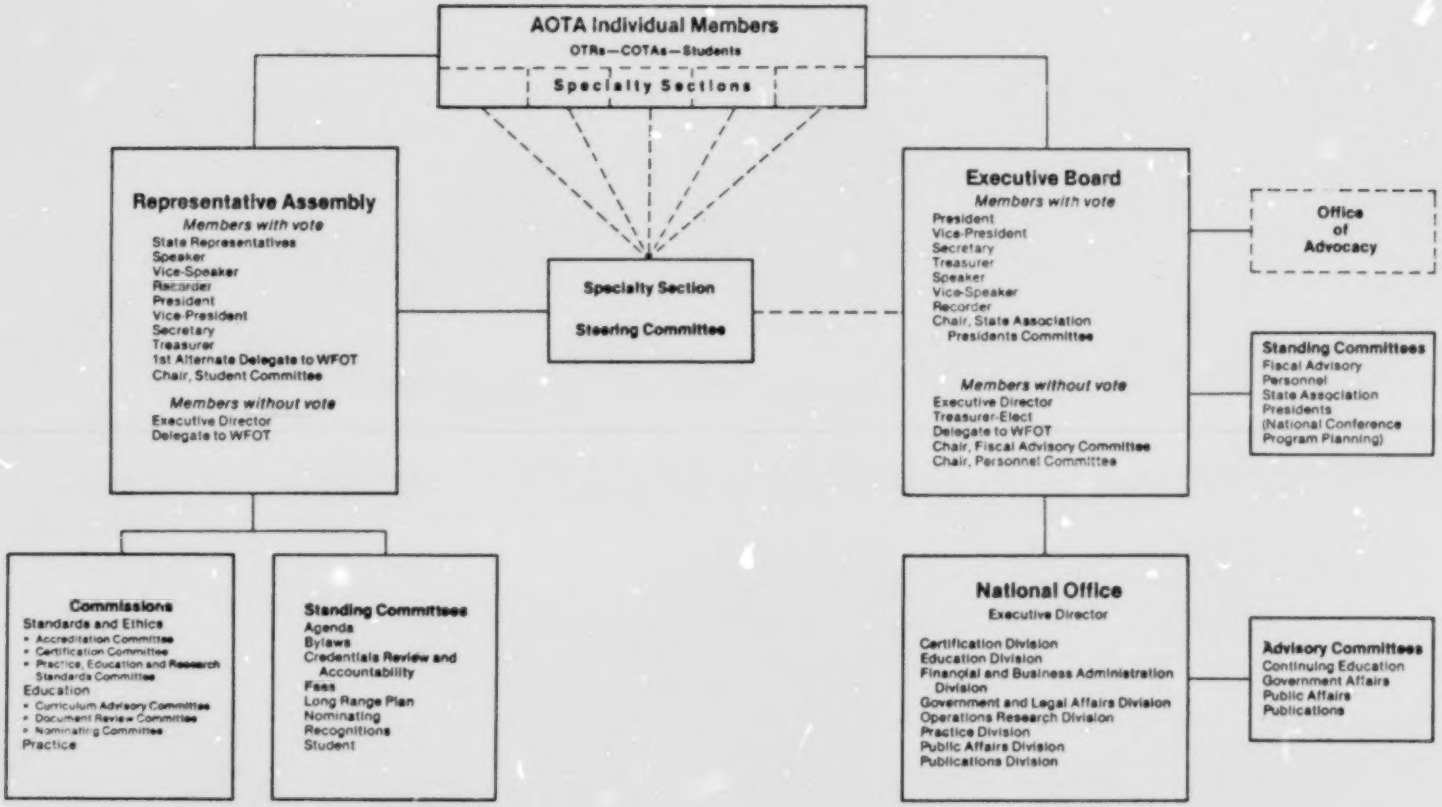


Figure 1

important means to maintain/increase competency but not as a measure or evaluation of competency. Other reasons included: the problem of rural practitioners not having access to continuing education programs; the administrative and bookkeeping costs to AOTA in conducting such a program.

After the passage of resolution #300 in 1971, a long range plan was developed for the AOTA Continuing Certification Project and during 1972 and 1973, grant and contract funds were sought in order to provide financial support for developmental costs. In 1974, a two-year government contract was obtained to develop the first phase of the Continuing Certification Project. The contract was provided by the Division of Associated Health Professions, DHEW, and was titled the AOTA Continuing Competency Project, contract #NO1-AH-44116. Part of the accomplishments of this project included the description of the practice of occupational therapy and the development of standards of occupational therapy practice in three general areas; i.e. mental health, developmental disabilities, and physical disabilities, and in two diagnostic areas, i.e. stroke and arthritis. During this time, the AOTA funded the development of standards for occupational therapy practice in home health programs.

This contract fulfilled some of the charges of resolution #300, i.e. "the definition of quality practice in occupational therapy" and "the development of criteria to evaluate quality practice at

various levels of function." The standards were developed as guidelines for the evaluation of competency to practice. In a later project, the AOTA planned to explore the feasibility of using a chart audit process as a competency evaluation instrument for recertification.

Another accomplishment of the Continuing Competency Project was the development of recommendations concerning continuing education programs for occupational therapy practitioners. These recommendations were presented to the AOTA Representative Assembly in 1976 and as a result, a full-time AOTA national office staff position was approved for a person to develop, coordinate and administer a national continuing education program. A Director of Continuing Education has been hired and the national level continuing education plan is being developed and partially implemented. The development of a comprehensive continuing education plan and program is seen as an essential part of AOTA's efforts to assist OTRs and COTAs to maintain and enhance their competency to practice occupational therapy. The intent is to develop a national continuing education program which is well coordinated with the recertification requirements so that OTRs and COTAs will have substantial assistance in preparing to meet the requirements.

The second phase of the Continuing Certification Project, focused

on the design of the policies and procedures for recertification and will be described in the following sections of this report.

D. PROJECT OBJECTIVES

In 1976, the second phase of the Continuing Certification Project was started with the support of a one-year contract, titled the AOTA Competency-Based Recertification Project, contract #231-76-0064, Division of Associated Health Professions, DHEW. The objectives of this project were to:

1. develop recommendations on the use of a chart audit/record review procedure as the competency evaluation instrument for the recertification of occupational therapy practitioners.

2. design and recommend the necessary policies and procedures for the development of competency-based recertification for occupational therapy practitioners.

The AOTA had several reasons for wanting to explore the feasibility of using a chart audit/record review procedure for recertification purposes:

1. the chart audit/record review process was being widely promoted through national and local Professional Standards Review Organization (PSRO) programs as an effective method to determine the quality of health care.

2. occupational therapy practitioners were enthusiastic about using the audit process as a means to identify strengths

and deficits in their provision of occupational therapy services. The patient care evaluation process was seen as a learning process that could provide individualized and relevant assistance to practitioners interested in improving their practice.

3. since the chart audit/record review procedure provided data concerning actual occupational therapy services provided, it was viewed as a potential competency evaluation process because the audit data related to actual job function rather than to a hypothetical test situation.

This one-year contract was completed on June 30, 1977, and the following sections of this paper describe the project methodology and the results.

E. PROJECT MANAGEMENT

The project plan and methodology was designed in accordance with the contract scope of work. (Appendix II)

1. structure and function of two committees

a. the Audit Committee

A committee of four (4) occupational therapists who were experienced and qualified in the use of the chart audit process was selected by the Project Director. A list of the Audit Committee members is in Appendix III.

Other criteria for the selection of committee members included experience and influence in state and national occupational therapy association operations. The selected persons had considerable knowledge and skill in working with the AOTA Representative Assembly, the AOTA Standards and Ethics Commission, the state associations, and the national association.

The principal functions of the Audit Committee were to explore, assess and make recommendations concerning the feasibility of using a chart audit/record review procedure as a competency evaluation instrument.

b. The Design Committee

The Project Director selected five persons as members of the Design Committee. A list of Design Committee members is in Appendix III. Selection criteria included knowledge of national level audit programs; e.g., PSRO programs; knowledge of the field of occupational therapy at the therapist and assistant levels; knowledge of employers' concerns/interest in recertification.

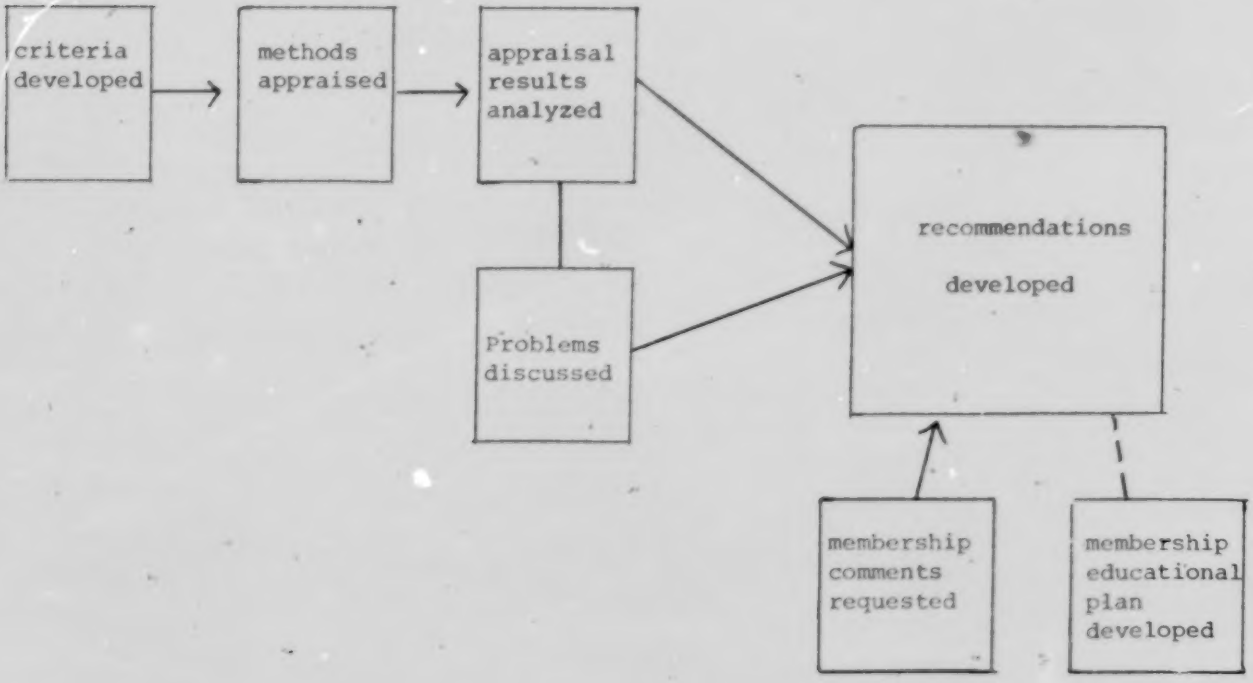
The principal function of the Design Committee was to develop recommendations on the policies and procedures for the development and administration of the recertification process.

2. committee meetings

All Design and Audit Committee meetings were held jointly, except for a few meetings where the Audit Committee met for a day or two immediately preceding or following the combined meetings. Joint meetings were held because each committee needed to be thoroughly knowledgeable about the work of the other committee. The joint meetings enhanced the communication between the two committees. A total of four meetings were held, usually 2-3 days in length.

F. PROJECT METHODOLOGY AND RESULTS

The principal methodology consisted of: developing criteria for the appraisal of different types of potential requirements for recertification; appraising the potential requirements, particularly the audit/record review procedure; analyzing the appraisal results; and developing the recommendations. Figure 2 is an illustration of the entire scope of the methodology.



Project Methodology

Figure 2

1. Criteria Developed

A set of fifteen criteria was developed as guidelines for the appraisal of the suitability and feasibility of different types of recertification requirements.

The Project Director used the nominal group technique[2] with the Design and Audit Committee to generate and rank the criteria. The criteria were reviewed several times by mail and in committee meetings and several revisions were made. The final set of criteria is as follows:

The recertification process should:

a) be designed to evaluate the knowledge and skill competencies of OTRs and COTAs as defined by a role delineation[3] of the occupational therapist and occupational therapy assistant.

b) reflect current standards as established by AOTA membership through their policy making body.

---

[2] The nominal group technique (NGT) is a problem solving technique developed by Andre Delbecq and Andrew Van de Ven in 1968. NGT is used to facilitate groups to generate and discuss ideas, and to evaluate rank, or rate ideas. Group Techniques for Program Planning, by Delbecq, et al; Scott, Foresman and Company; Glenview, Illinois; 1975.

[3] "Role delineation is the determination of the specific responsibilities, essential to quality client care, that must be carried by a practitioner in the given position." Basic Principles of Credentialing Health Practitioners," by Wilson; Respiratory Care, Vol. 21, no. 10; October 1976.

c) indicate individuals' areas of competency as well as deficits.

d) provide evidence of competency.

e) include periodic evaluation of the effectiveness of the policies and procedures.

f) be acceptable to those to be recertified.

g) have credibility with practitioners, employers and the public.

h) be applicable and fair to all OTRs and COTAs.

i) be mandatory for OTRs and COTAs to maintain their AOTA current certification and registration.

j) include sanctions for those who do not meet established competency requirements.

k) not conflict with the standards, policies and review mechanisms of external regulatory organizations and agencies.

l) have an appeals process.

m) assure members accessibility to process, in terms of time and location.

n) be administratively manageable for AOTA.

o) be cost-effective, administratively for AOTA and personally for participating OTRs and COTAs.

2. Methods Appraised

Although one objective of the project was to determine the suitability and feasibility of an audit/record review requirement for recertification, the committee also appraised four other types of requirements. The committee believed that it was important to look at other possible requirements so that the audit process could be looked at from a broader perspective and that the best possible requirement could be identified.

The committee used the fifteen criteria, listed on pages 15,16, and 17, to appraise the following five types of recertification requirements:

a) audit/record review requirement: each person wishing to be recertified would need to participate in an audit/record review procedure and submit evidence of having met established standards of competency. The concept

of audit was broadened to include the audit of any written record, not just a medical chart.

The committee strongly felt that an audit/record review procedure could apply to all types of occupational therapy personnel; i.e. educators, managers, consultants, researchers as well as direct service practitioners.

b) continuing education requirements: a specified amount of continuing education hours, credits or units would need to be collected in a certain time period. Evidence of the collection of hours, etc. would be submitted to the AOTA.

c) one-on-one performance evaluation requirement: a trained evaluator would evaluate each person individually through oral interview and/or observation of performance. The evaluator would go to the candidate's place of employment or the candidate would go to the evaluator's office or testing center.

d) written examination requirement: a criterion-referenced written examination[4] would have to be passed periodically

---

[4] A criterion-referenced examination is designed to judge an individual's mastery relative to specific and well described performance objectives. The examinations are referenced (compared) to the performance objectives (the criteria). A role delineation provides the base of performance objectives. In contrast, a norm-referenced test measures an individual's achievement on a sample of objectives relative to each subject's standing within a norm group. Adapted from "Proficiency Testing Update," by Shapiro; AOTA Newspaper, February 1977.

by those persons wishing to be recertified. The examination would be administered and scored by a testing agency.

e) self-evaluation examination requirement: written examination questions and answers would be sent periodically to each candidate. The candidate would score the examination and submit the score to the AOTA.

The chart on the following page was used by the committee members to conduct an independent appraisal of each of the five requirements. The committee members returned their decisions to the Project Director for compilation. As the criteria were revised, a new appraisal was done. There was extensive discussion after each appraisal and data compilation.

APPRAISAL CHART

Can a competency-based recertification process using a ...

meet the following criteria?	a. audit/record review requirement	b. continuing education requirement	c. one-on-one performance evaluation requirement	d. self-evaluation examination requirement	e. written examination requirement
#1- be designed to evaluate the knowledge & skill competencies of OTRs and COTAs as defined by a role delineation of the occupational therapist and occupational therapy assistant.					
#2- reflect current standards as established by AOTA membership through their policy making body.					
#3- indicate individuals' areas of competency as well as deficits.					
#4- provide evidence of competency.					
#5- include periodic evaluation of the effectiveness of the policies & procedures.					
#6- be acceptable to those to be recertified.					
#7- have credibility with practitioners, employers and the public.					
#8- be applicable and fair to all OTRs & COTAs.					
#9- be mandatory for OTRs and COTAs to maintain their AOTA current certification and registration.					
#10- include sanctions for those who do not meet established competency requirements.					
#11- not conflict with the standards, policies and review mechanisms of external regulatory organizations and agencies.					
#12- have an appeals process.					
#13 - assure membership accessibility to process, in terms of time and location.					
#14 - be administratively manageable for AOTA.					
#15 - be cost-effective, administratively for AOTA and personally for participating OTRs and COTAs.					

3. Appraisal Results Analyzed

After analysis and discussion of the results of the appraisal of the five types of recertification requirements, the committee reached the following conclusions:

a) an audit/record review procedure should not be used as a requirement for recertification because it has some distinct disadvantages:

1) The degree to which the audit/record review data provides explicit evidence of competency is not known. In addition, the validity of audit data, such as data from medical care evaluation studies, has not been determined. As more research studies are conducted, their results may yield this information at a later date; however, at present, audit results could not be used with confidence to award or deny recertification.

2) The individualized nature of in-depth audit/record review systems[5] presently being used requires that local and specific criteria/standards[6] be developed

---

[5] Widely used audit systems include: The Performance Evaluation Procedure (Joint Commission on Accreditation of Hospitals); Educational Patient Care Audit (California Medical Association/California Hospital Association); Quality Assurance Program (American Hospital Association).

[6] In this report, criteria/standards refer to predetermined statements describing quality performance against which aspects of actual performance can be compared.

and it would be too expensive for AOTA to review and approve each person's criteria/standards and audit results. If different versions of criteria/standards were allowed, it would be difficult for AOTA to maintain the same or equal requirements for all persons.

The alternative is to design a national audit system which would use general criteria/standards that would apply to any type of client and employment setting. However, this alternative would still not be suitable because the general nature of the requirements would not yield enough specific information on an individual's competency.

3) Most of the audit/record review systems currently being used are designed to provide data on the outcomes of service on defined client populations rather than on individual therapists. If an existing audit/record review system was used as a recertification requirement, the AOTA would have to develop a special audit requirement. In most cases, this new system would require that special audits be done in addition to the audits required by the Joint Commission on Accreditation of Hospitals (JCAH) and by the national Professional Standards Review Organization (PSRO). This additional audit requirement would put heavy demands on personnel time.

4) The training of auditors and administrative costs of a national audit system would be prohibitive for conducting an individualized audit/record review with every therapist and assistant. Even with participation of local peer review groups or state associations, the costs would be enormous.

b) participation in continuing education should not be a requirement for recertification because evidence of participation in continuing education does not provide explicit evidence of job competency. The use of continuing education resources is a means toward developing and enhancing competency rather than a measure of competency.

c) one-on-one performance evaluation should not be a recertification requirement because the administration of such a program would be prohibitively costly, in terms of personnel time, travel, training and the development of the performance evaluation instrument.

d) a self-evaluation program should not be used as a basis for recertification because of the opportunity to falsify scores; however, the committee concluded that a well-structured and coordinated self-assessment[7] and continuing

---

[7] evaluation vs. assessment: in this report, evaluation refers to the formal evaluation of competency which forms the basis for granting or denying certification; assessment refers to an informal educational activity which assists an individual in identifying areas of competency and deficits.

education process would be useful in assisting OTRs and COTAs in preparing to meet recertification requirements. The importance of developing self-assessment resources is discussed further on pages 28-29 of this report.

e) a criterion-referenced written examination should be a requirement for recertification. Although no single requirement completely met all of the criteria, the criterion-referenced written examination requirement met the criteria better than all the other types of requirements. However, the committee strongly recommended that if a written examination requirement is established that the AOTA must develop substantial resources to assist therapists and assistants in maintaining and increasing job competency.

4. Problems Discussed

Before any significant decisions could be made regarding the policies and procedures for recertification, several problems had to be discussed by the committee. The following is a summary of the committee's conclusions on these problems:

a) generalist and/or specialist certification

The committee recognized that many OTRs and COTAs with several years experience tend to practice in some particular area of occupational therapy; e.g. mental

health, developmental disabilities, or geriatrics; however, the committee strongly felt that there were certain occupational therapy knowledge and skills that should be common to all OTRs and COTAs, regardless of their area of practice. Accordingly, the committee concluded that OTRs or COTAs desiring to be recertified should demonstrate that they have the generic knowledge and skills required for either the occupational therapist or occupational therapy assistant position.

The committee members recognized that there may be a legitimate need for speciality certification; however, they concluded that it is extremely important that the AOTA study this issue further to determine if there is a sound basis for speciality certification.

Such a study should consist of the following steps:

1) the AOTA should develop a "practitioner generic position classification."[8] This classification

---

[8] "This classification is a system of categories of practitioner positions. It shows their hierarchy, such as technician to technologist or therapist. It identifies the generalist and various specialist positions and also shows the entry and advanced level of each." "Basic Principles of Credentialing Health Practitioners," by Wilson; Respiratory Care, Vol. 21, no. 10, October 1976.

would indicate whether or not there are generalist and/or specialist positions in the field of occupational therapy. Figure 3 shows four possible categories of positions:

generalist	specialist
advanced level	advanced level
entry-level	entry-level

Possible Categories

Practitioner Generic Position Classification

Figure 3

Criteria should be developed to determine what differentiates each of these positions from the other categories. Performance responsibilities (tasks) should be classified into one of the four categories according to the criteria.

2) The performance responsibilities for each position in the practitioner generic position classification must be analyzed to determine the prerequisite knowledge and skills.

3) The prerequisite knowledge and skills must be analyzed to determine if there are sufficient and significant

differences among the various positions, e.g. generalist vs. specialist. This analysis would determine whether or not there is a sound basis for speciality certification.

4) If the study results indicate a strong basis for speciality certification, the AOTA should determine eligibility requirements for speciality certification.

The committee strongly believes that recertification should be a requirement for speciality certification; thus, speciality certification should not replace recertification but should be an optional, additional type of certification for an OTR or COTA who demonstrates excellence in a speciality area.

b. relicensure requirements

Since many states are enacting licensure laws for occupational therapy personnel, the committee concluded that it is extremely important that state licensure laws incorporate relicensure requirements which are the same as AOTA recertification requirements; thus, OTRs and COTAs would have to meet only one type of requirement in order to be eligible for relicensure and recertification. If the states adopt different requirements for relicensure, e.g. continuing education requirements, then OTRs and COTAs would have to meet two different types of requirements.

Even though a few state licensure boards are considering establishing continuing education requirements for relicensure, the committee was opposed to any suggestion that the AOTA adopt continuing education requirements for recertification in order to try to make AOTA requirements consistent with state licensure requirements. The committee strongly felt that AOTA should work closely with state licensure boards in order to promote and explain the value of having relicensure requirements that are a measure of competency.

c. continuing education recognition system

In recent years there has been some effort on the national and state levels to establish a continuing education unit or credit system for recognizing participation in continuing education. The committee recommended that the AOTA strongly support and facilitate the development of continuing education resources; however, the committee also recommended that AOTA should not promote the development of a continuing education recognition/recording system. Such a system requires extensive paper work, bookkeeping and other costs. Given the scarcity of time and money available to meet continuing education needs, the committee recommended that such time and money be spent in the design and provision of continuing education programs, rather than in the recognition and recording of participation in such programs. The committee felt that OTRs and COTAs would receive greater

benefit from the availability of more and better continuing education resources than from a recognition/recording system.

d. need for self-assessment resourses

The committee believed that if the AOTA established a recertification requirement, the AOTA had an obligation to provide self-assessment resources that would help therapists and assistants identify their learning needs and prepare to meet the recertification requirements. These resources should be available to OTRs and COTAs on an optional basis for confidential and private use, without penalty or public knowledge of individual assessment results.

In addition, companion learning packages should be developed to provide identification of learning needs in more specific detail. With this systematic identification of learning needs, an individual could choose those continuing education resources most relevant to his/her needs. The self-assessment instruments and companion learning packages should be developed by the AOTA and should reflect the role delineation and verification study,[9] which is part of another contract with the Division of Associated Health Professions, DHEW.

---

[9] "A Continuation of Study of Measures of Proficiency in Occupational Therapy," contract #231-76-0052, 1976-1978. The role delineation and verification is being accomplished through the use of structured worker logs, observation instruments and survey check lists with a random sample of OTRs and COTAs.

The committee concluded that a variety of self-assessment instruments should be explored for possible development. The committee recommended specifically that AOTA further develop and promote the audit process as a self-assessment instrument, not only for the occupational therapy practitioners, but also for occupational therapy educators and managers.

The Audit Committee developed a description of the audit process as it could be used for performance assessment by occupational therapy practitioners, educators, and managers. Figure 4 on the following page illustrates the committee's description of a generic audit process. The committee recommended that the AOTA use this description as a guide in developing the audit process for self-assessment purposes.

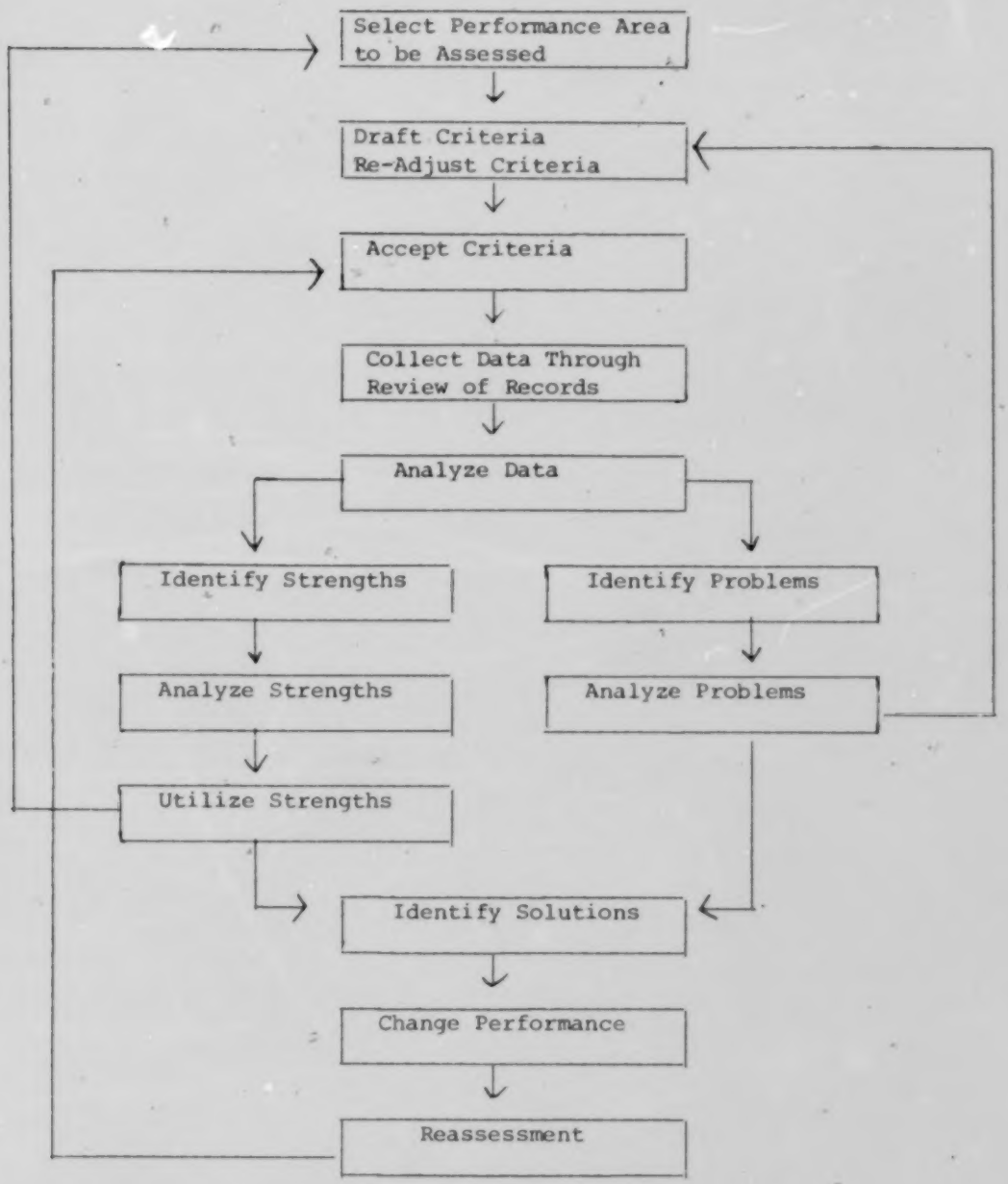
e. need for a Competency Assurance Program

As the committee members discussed the many problems and issues related to recertification, they became increasingly aware of the importance of having congruency among occupational therapy education, certification, self-assessment continuing education, and recertification activities.

After studying the concept of Competency Assurance as

Figure 4

AUDIT PROCESS
FOR
PERFORMANCE ASSESSMENT



developed by AOTA, contract #231-76-0064, June 1977

defined by Wilson,[10] the committee recommended that the AOTA develop its educational standards, certification examination, self-assessment instruments, continuing education resources and recertification examination on the basis of role delineation information.

An implication of this recommendation is that after completion of the role delineation and verification study[11] the AOTA should re-examine and revise as needed those activities e.g. the development of education standards, which are deemed part of a Competency Assurance Program. The committee's specific recommendation concerning the development of a Competency Assurance Program is contained in Section G of this report.

f. legality of denying recertification

One problem that still needs to be explored in-depth is the right to deny recertification to a person who has previously been certified. Legal opinions to date indicate that it is not possible to remove the right to use the

---

[10] A Competency Assurance Program is a concept originated by Dr. Margaret A. Wilson and presented in a paper which it is anticipated will appear in a fall 1977 issue of the American Journal of Occupational Therapy.

[11] "A Continuation of Study of Measures of Proficiency in Occupational Therapy" op.cit. p. 28

title "OTR" or "COTA" to someone who has met initial certification requirements. However, it appears to be possible to establish additional requirements for the right to use a title such as "currently certified" OTR or COTA.

5. Recommendations Developed

Proposed policies and procedures for recertification were developed after the problems and appraisal results were studied, discussed and analyzed. The Project Director prepared several drafts of a proposal outlining potential policies and procedures. The written drafts were sent to the committee members for review and comment. The committee members returned their comments to the Project Director for compilation before a subsequent committee meeting. The suggested revisions were discussed at the meeting and a further review was requested of the new draft prepared by the Project Director. The recommendations are in Section G of this report.

6. Comments Requested

During the contract period, many informational reports were provided to AOTA members. Since membership understanding and acceptance is crucial to the success of a Competency Assurance Program, the Project Director prepared numerous types of reports for a variety of groups: written reports were

published in the AOTA monthly newspaper; progress reports were sent to Executive Board members; oral and/or written reports were given to the AOTA Representative Assembly, the Certification Committee, and the Commission on Practice. The reports always contained a request and invitation for suggestions or questions. Although some valuable feedback was received, not a great number of persons responded.

7. Educational Plan Developed

The Project Director and committee members agreed that it was extremely important to develop a plan to educate AOTA members about the proposed Competency Assurance Program and the proposed policies and procedures for recertification. The Project Director used a Q-sort[12] technique to facilitate the committee members' identification of the important elements of an educational plan. Materials used had been previously developed by the Project Officer for a teaching seminar. The materials consisted of 25 statements identifying possible education strategies and particular target populations. By Q-sort, the committee members chose those strategies and target populations which they considered to be the most useful in

---

[12] Q-sort is a technique which involves the use of cards on which simple statements are printed. The cards are sorted into piles of predetermined size and the subject is asked to arrange the cards on the basis of his judgment of the relative importance of each statement. "Some Applications of 'Q' Methodology to Teaching and Education Research," by Cummins; Journal of Educational Research, Vol. 57, no. 2, 1963.

helping members understand the Competency Assurance Program. The chart on the following two pages shows the possible choices and the committee's ranking.

Education of Members about the Competency Assurance Program; (listed in order to total score)	Total Score	Ranking Criteria: Not Very Helpful	Sometimes Helpful	Very Helpful
1. Workshops for state officers which are designed for controlled experiences.	22			
2. Decision makers in open discussion with members.	21			
3. Meetings with decision makers to consider approval of program.	19			
4. Workshops for educators which are designed for controlled experiences.	19			
5. Workshops for decision makers which are designed for controlled experiences.	19			
6. Staff speeches for members in the form of presentations.	16			
7. Newsletter which explains project to all persons.	16			
8. Mailed information packets which are provided for members.	15			
9. Staff speeches for decision makers in the form of presentations.	14			
10. Mailed information packets which are provided for state officers.	14			
11. Mailed information packets which are provided for decision makers.	12			
12. Journal article which provides the background, program, and spinoffs.	12			
13. Mailed information packets which are provided for educators.	12			
14. Video tapes provided for decision makers.	6			

continued	Total Score	Ranking Criteria: Not Very Helpful	Sometimes Helpful	Very Helpful
15. Video tapes provided for educators.	6			
16. Conferences for state officers.	6			
17. Conferences for members.	5			
18. Video tapes provided for state officers.	5			
19. Conferences for decision makers.	5			
20. Cassettes provided for state officers.	5			
21. Programmed instructional packages provided for state officers.	4			
22. Cassettes provided for members.	2			
23. Programmed instrucational packages provided for decision makers.	2			
24. Conferences for educators.	1			
25. Delphi technique used with decision makers.	0			

After discussion and analysis of the Q-sort results, the committee agreed that the AOTA should develop an educational plan using the following points as guidelines:

a. state association officers and representatives are critical groups to involve in disseminating information and obtaining feedback from members. These persons have continuous local contact with the membership and are important links in the communication channels. They have the most knowledge about their members and local resources.

b. occupational therapy managers/administrators are another key group to include in the two-way channeling of information about the Competency Assurance Program. They may have direct access to occupational therapy staff who do not necessarily attend state/national association meetings or read state/national reports.

c. occupational therapy educators are an important group as disseminators of information, especially to occupational therapy students. It will be important for the educators to continue to help students recognize their responsibilities for professional growth. This acknowledgment of individual responsibility for learning will be one of the keys to the success of the Competency Assurance Program.

d. workshops and forums for controlled learning experiences are a useful way to educate members about a new program. A workshop/forum designed to be a learning process, not just an information giving session, will facilitate understanding and commitment to the Competency Assurance Program. This type of learning experience would be useful to use with groups such as the Representative Assembly, the state affiliate presidents, and the Executive Board. If a "model" workshop/forum was given for these groups, some of the participants could then reproduce the workshop/forum for local and regional constituents. A "model" workshop should be presented to the state affiliate presidents and representatives at the 1977 AOTA Annual Conference.

e. a variety of media should be used to educate the members; e.g. video tapes, audio cassettes, newspaper articles at the national and state levels, personal letters to all members, a special issue of the AOTA Newspaper, articles in AJOT. In order to attract members' attention, creative, original and dramatic approaches should be used, e.g. with bright colored papers, bold print, and catchy titles. In order to be meaningful to the members, the educational materials must relate the Competency Assurance Program to their professional lives.

f. before implementing any member education program, the AOTA must identify:

1) the specific goals of the plan

2) the target groups

3) the technique to be used

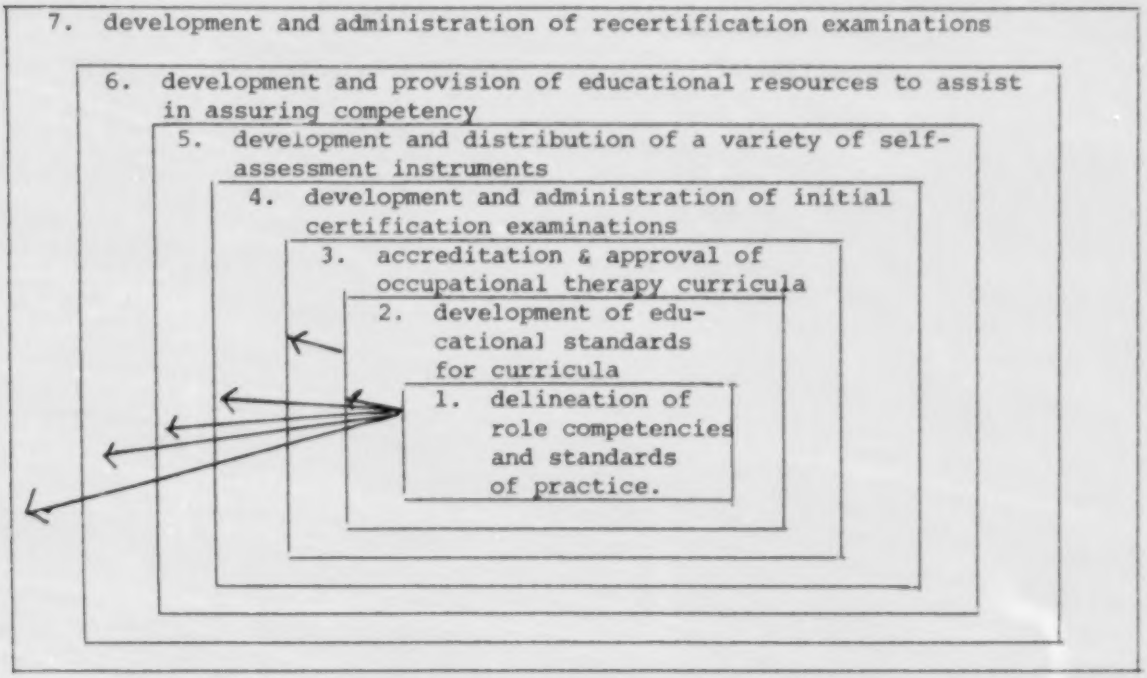
4) the time sequence

5) the method for evaluating the education plan

G. Recommended Policies and Procedures for a Competency Assurance Program for Occupational Therapy Practitioners

The Design and Audit Committee developed thirteen recommended policies and procedures for the development and administration of a Competency Assurance Program.

recommended policy #1: that the AOTA endorse, develop and implement the concept of a comprehensive "Competency Assurance Program,"[13] for occupational therapy practitioners; that the AOTA Competency Assurance Program shall be composed of the components identified in Figure 5.


7. development and administration of recertification examinations
6. development and provision of educational resources to assist in assuring competency
5. development and distribution of a variety of self-assessment instruments
4. development and administration of initial certification examinations
3. accreditation & approval of occupational therapy curricula
2. development of educational standards for curricula
1. delineation of role competencies and standards of practice.

COMPONENTS AND INTERRELATIONSHIPS OF A COMPETENCY ASSURANCE PROGRAM

Figure 5

[13] Wilson, op.cit., p. 31

As shown by the arrows in Figure 5, one guiding principle of a Competency Assurance Program is that the components are interrelated and should be consistently developed on the basis of the delineation of role competencies.

It is important to note that the AOTA has already developed or is in the process of developing all of these components:

- the role delineation study results of a 1972-1973 contract[14] are in the process of being verified and refined through the 1976-1978 role delineation and verification study, contract #231-76-0052.
- some standards of practice were developed 1974-1976 under the auspices of the AOTA Continuing Competency Project, contract #NO1-AH-44116. The standards will be reviewed by the AOTA Representative Assembly in October 1977.
- educational standards (Essentials) have been established, however, the Essentials need to be reexamined and altered to reflect the role delination. A Curriculum Guide for Occupational Therapy Educators[15] has been published to assist occupational therapy educators in translating role delineation information into educational objectives; however, the Guide

---

[14] A Project to Delineate the Roles and Functions of Occupational Therapy Personnel in the Detail Needed to Serve as the Basis for the Construction of Proficiency Examinations; contract #NO1-AH-24172, 1972-1973.

[15] A Curriculum Guide for Occupational Therapy Educators, developed and published by AOTA, under contract #NO1-AH-24172, 1974.

will need to be revised after completion of the role delineation and verification study.

- accreditation and approval of occupational therapy curricula are ongoing activities which use the educational Essentials as the standards which all curricula must meet. As the Essentials are updated and revised to reflect the role delineation content, the AOTA Accreditation Committee will need to be oriented to the implication of the role delineation information.
- requirements for initial certification as an OTR or COTA have been established. (see Appendix IV) The certification examinations for OTR and OTA are administered each year and have been refined to increasingly reflect the (1972-1973) role delineation; however, once the current role delineation study is completed, the certification examinations should be reexamined and refined as needed.
- beginning in the fall of 1977, the AOTA hopes to develop the next component, the self-assessment resources. The role delineation results will be used to determine the content of the instruments.
- the AOTA has started to develop continuing education resources. The self-assessment results should provide valuable information to guide the selection and design of continuing education resources. In addition, the role delineation information will be available to guide the selection of specific content for continuing education programs.

The next and last component of the Competency Assurance Program is the development of a recertification process. Under the auspices of the Continuing Certification Project, recertification policies have been envolving since 1971 and are the subject of the rest of these recommendations.

recommended policy #2: that the AOTA recertification process shall be developed, administered and periodically evaluated according to the following basic principles which specify that the recertification process:

a. shall evaluate the knowledge and skill competencies of OTRs and COTAs and shall recertify those OTRs and COTAs who demonstrate that they have the knowledge and skills necessary to practice occupational therapy. The knowledge and skills to be evaluated shall be determined through analysis of role delineation information.

b. shall use one criterion-referenced competency evaluation instrument for the therapist level; another instrument for the assistant level. The examinations shall be designed to evaluate knowledge and skills competencies that should be common to all therapists or assistants and shall provide OTRs and COTAs with indications of their areas of competency and as well as deficits.

c. shall include periodic evaluation of the effectiveness of the policies and procedures.

d. shall be acceptable to those to be recertified.

e. shall have credibility with practitioners, employers and the public.

f. shall be applicable and fair to all OTRs and COTAs.

g. shall be mandatory for OTRs and COTAs to maintain their AOTA current certification and registration.

h. shall include sanctions for those who do not meet established competency requirements.

i. shall not conflict with the standards, policies and review mechanisms of external regulatory organizations and agencies.

j. shall have an appeals process.

k. shall assure membership accessibility to process, in terms of time and location.

l. shall be administratively manageable for AOTA.

m. shall be cost effective, administratively for AOTA and personally for participating OTRs and COTAs.

recommended policy #3: that the requirement to maintain current certification be changed to include: passage every 5 years of the AOTA recertification examination for OTR or COTA; payment of the fee to maintain current certification; and agreement to abide by the AOTA Code of Ethics. This policy shall supersede all previous policies regarding lapsed certification.[16]

A 5 year cycle is recommended for several reasons: this is the estimated period of time within which significant changes in professional practice and standards might occur; a longer cycle, e.g. 7 years, would be too long a period in the interests of protecting consumers; a shorter cycle, e.g. 3 years, would be administratively difficult because of the large number of persons who would have to take the examinations each year.

recommended policy #4: that an individual's current certification shall be discontinued for one or more of the following reasons:

a. failure to pass the recertification examination.
b. failure to pay the fee for current certification.
c. evidence of breech of the Code of Ethics as determined by the AOTA Standards and Ethics Commission.

Persons without current certification for reasons a. and/or b. shall be recertified upon passing the recertification examination and payment of the recertification fee. Persons without current certification for reason c. shall be recertified only

16 see Appendix V

as determined by the procedures established by the AOTA Standards and Ethics Commission.

recommended policy #5: only those therapists and assistants who meet requirements for current certification may use the title "currently certified OTR or COTA."

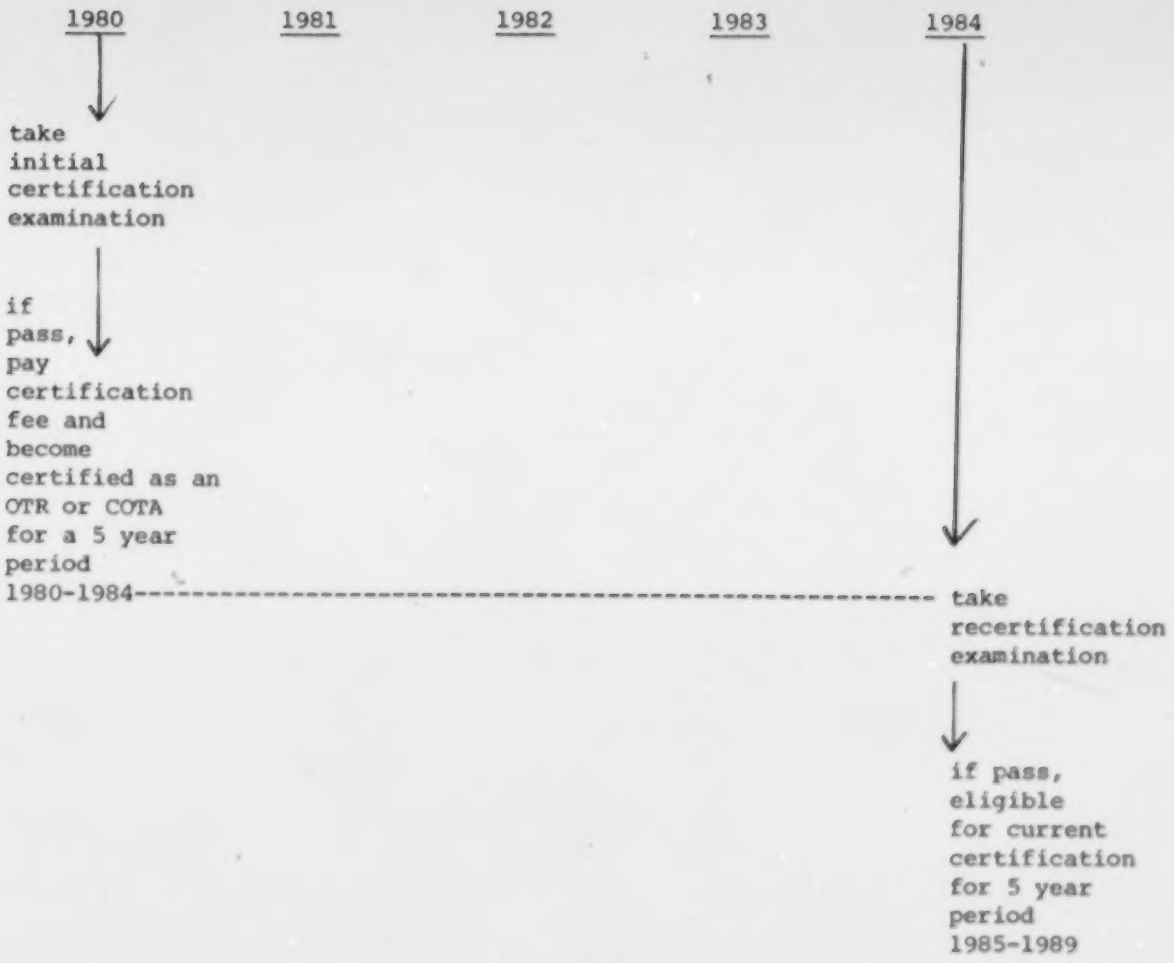
recommended policy #6: all new graduates satisfactorily meeting the AOTA initial certification requirements[17] shall be certified for a five year period. At the end of the five year period, the OTR or COTA must meet the requirements for current certification in order to be currently certified for the next five year period.

- recommended procedure for policy #6:
  Beginning in 1980, each newly certified OTR and COTA shall receive an AOTA certificate which indicates that he/she has met the requirements for initial certification and is eligible to maintain current certification for the next five years.

Figure 6 on the following page provides an example of how this five year cycle would operate for new graduates.

---

[17] see Appendix IV


1980
1981
1982
1983
1984
take initial certification examination
if pass, pay certification fee and become certified as an OTR or COTA for a 5 year period 1980-1984
take recertification examination
if pass, eligible for current certification for 5 year period 1985-1989

FIRST FIVE YEAR CYCLE FOR NEW GRADUATES

Figure 6

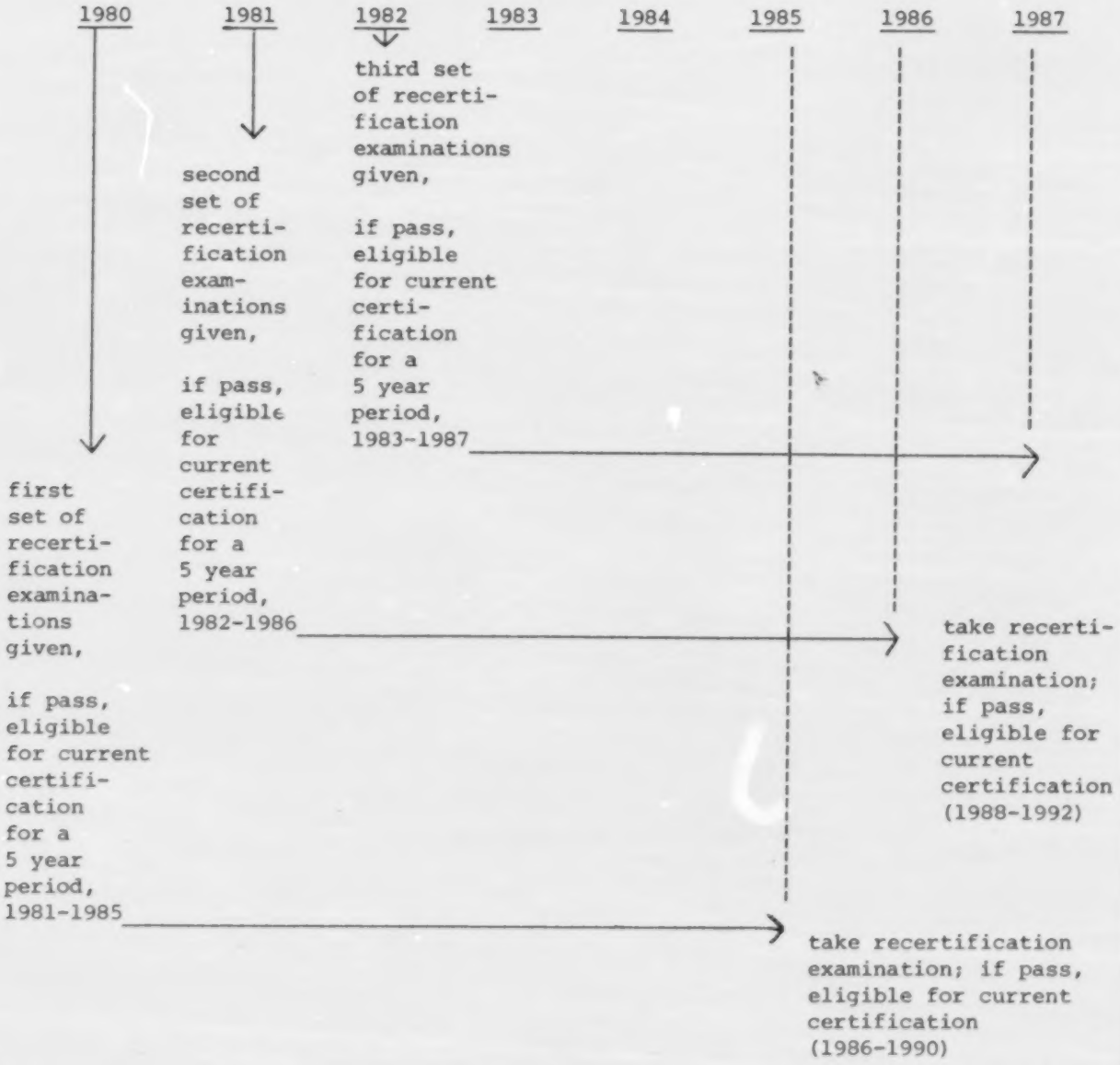
recommended policy #7: approximately 20% of all OTRs and COTAs (excluding new graduates) shall be selected and scheduled to take the recertification examination each year.

For example, with the current number of approximately 18,000 OTRs and COTAs, approximately 3,600 persons would be scheduled to take the written examinations each year.

- recommended procedure for policy #7:

  The selection of the 20% shall be made randomly. Each person selected shall receive written notice at least one year in advance of the time she/he is to take the examination. Each person shall also receive one year advance written notice of the general areas of the role delineation to be covered in the examination and a list of sources for self-assessment materials.

  Beginning in 1979, 20% of the OTR and COTA population shall be selected to take the recertification examination each year. The first recertification examination shall be given in 1980. Figure 7 on the following page, shows how the 5 year recertification program can begin with persons already certified as an OTR or COTA.


1980
1981
1982
1983
1984
1985
1986
1987
third set of recertification examinations given,
if pass, eligible for current certification for a 5 year period, 1983-1987
second set of recertification examinations given,
if pass, eligible for current certification for a 5 year period, 1982-1986
first set of recertification examinations given,
if pass, eligible for current certification for a 5 year period, 1981-1985
take recertification examination; if pass, eligible for current certification (1988-1992)
take recertification examination; if pass, eligible for current certification (1986-1990)

EXAMPLE OF 5 YEAR CYCLE
FOR CURRENTLY CERTIFIED OTRs AND COTAs

Figure 7

recommended policy #8: that a minimum passing score shall be established and published in the AOTA Newspaper in advance of the administration of the examination.

- recommended procedure for policy #8:

  That the minimum passing score shall be established according to criterion-referenced testing procedures.

recommended policy #9: that the recertification examination shall be administered at least twice annually.

- recommended procedure for policy #9:

  that each examination shall be scheduled approximately six months apart; preferably in the months of April and November. This schedule would minimize the amount of time that a person who failed the examination could remain currently certified.

  Approximately, one-half of the total number of persons scheduled to take the examination within a given calendar year shall be scheduled in April; the other half to be scheduled in November.

  For instance, if 3600 persons are scheduled to take the examination in 1980, approximately 1800 would take the examination in April, the remaining 1800 would take

the examination in November.

Persons who fail the examination in April would lose their current certification as of January of the following year; persons who fail the examination in November would lose their current certification as of May of the following year.

recommended policy #10: that persons who do not pass a recertification examination may retake the examination at any subsequent administration of the examination. There shall be no restrictions on the number of retakes.

recommended policy #11: that each current examination shall be a parallel form; i.e. each form shall be equivalent but not identical.

recommended policy #12: each person shall receive a written notice of his/her total and sub-area recertification examination scores and recertification status.

recommended policy #13: that the AOTA shall educate the public and employers about the purposes, policies and procedures of the AOTA recertification program and shall promote employment standards requiring current certification as an OTR or COTA.

- recommended procedure for policy #13:

That the AOTA shall prepare and distribute brochures, news releases and newspaper articles to educate consumer groups and employers.

It is important to note that policies in certain areas were not recommended because these policies already exist either as a part of the AOTA By-Laws (see Appendix VI) or as policies previously established by the AOTA Representative Assembly. For example, the recommendations in this report, do not refer to:

1. establishment of an official body or committee to be responsible for the recertification program. This is a responsibility delegated to the AOTA Standards and Ethics Commission and the Certification Committee.

2. establishment of fees. This is a responsibility of the AOTA Fees Committee.

3. establishment of an appeals process. This is a responsibility of the AOTA Standards and Ethics Commission.

4. establishment of a policy concerning enforcement of the AOTA Code of Ethics. The AOTA Standards and Ethics Commission is responsible for this matter.

5. publication of the new requirements to maintain current certification. This is a policy already established by the AOTA Representative Assembly.

H. Project Summary

This project has completed its objectives:

1. the chart audit/record review procedure has been explored and appraised to determine its suitability and feasibility as a competency evaluation instrument for recertification purposes.

2. recommendations on the policies and procedures for a recertification program for occupational therapy practitioners have been developed.

The contract committee concluded that an audit procedure is not suitable or feasible as a measure of competency. Instead the committee recommended that a criterion-referenced examination be used as the competency evaluation instrument for recertification purposes.

The committee concluded that recertification should be viewed as one component of a more comprehensive program, to be called a Competency Assurance Program. Building on Wilson's concept of a Competency Assurance Program, the committee identified existing and potential components of a Competency Assurance Program for occupational therapy practitioners.

APPENDIX I

Resolution #300-71

The American Occupational Therapy Association, Inc.

Received: February 15, 1971
Executive Board: February 1971
Delegate Assembly: April 28-29, 1971

RESOLUTION #300-71

TOPIC: CONTINUING CERTIFICATION AND REGISTRATION

ORIGIN: COUNCIL ON STANDARDS - AD HOC COMMITTEE ON CONTINUING CERTIFICATION AND REGISTRATION

WHEREAS, educational standards have been carefully determined, defined, and implemented to provide a mechanism whereby individuals who successfully complete the requirements for certification and registration are recognized as being competent and capable of providing occupational therapy service at the time of initial entry into the profession; and

WHEREAS, granting of certification or registration acknowledges the right to practice, and such right cannot be withdrawn except by due process proving breach of moral or ethical standards; and

WHEREAS, there is growing concern nationally among professional associations, employers, employing agencies, consumers, and regulatory bodies about the maintenance of qualifications to practice beyond the point in time at which one is initially certified, registered, or licensed; and

WHEREAS, the Delegate Assembly of the American Occupational Therapy Association has recognized this concern as it applies to occupational therapy and has acted to see that as a professional body the members of the American Occupational Therapy Association take the initiative to develop, maintain, and enforce such standards; and

WHEREAS, the development, implementation, and maintenance of standards for continuing certification and registration must necessarily be based upon:

1. the definition of "quality practice" in occupational therapy;

2. the development of criteria to evaluate quality practice at various levels of function;

3. the development of available and accessible educational opportunities to enable occupational therapists to maintain and increase their knowledge and skill so they can continue to provide quality services;

4. the development of educational programs to inform consumers and employers about the basic constituents of quality occupational therapy services;

5. the creation of groups, knowledgeable with due care and selection in hiring and related state laws, to work with local employers, attorneys, state certifying boards, and others to encourage employers to accept association and affiliate standards for quality programs and qualified occupational therapy personnel;

6. the education of occupational therapists toward understanding and participation in peer review and evaluative collaboration with others;

7. the development and adoption by both the American Occupational Therapy

Association and affiliate associations of a viable ethics clause which can be enforced.

8. the development of alliances with national, regional and state accrediting bodies to promote accreditation of occupational therapy service programs.

THEREFORE, BE IT RESOLVED, that the American Occupational Therapy Association initiate the three phase program as presented with modification as deemed appropriate to operate within the Bylaws, and

BE IT FURTHER RESOLVED, that an annual report be made to the Delegate Assembly to assist in determining the continuation or modification of the program.

PHASE I: (data collection, development of a plan of action to involve the American Occupational Therapy Association headquarters staff, councils, affiliate associations, and appropriate committees in the initiation of a study of the issues involved in the establishment of standards for continuing certification and registration as follows:)

1. Selection and hiring of an AOTA staff member to plan, direct and coordinate all activities within AOTA headquarters, councils, committees, and affiliate associations relating to the ultimate establishment of standards for continuing certification and registration;

2. Appointment of a coordinating committee, composed of representatives of the AOTA councils, the Delegate Assembly, the affiliate presidents, and such other consultants in special areas as may be needed to assist the AOTA staff member to plan and coordinate all activities, and to see that the membership of AOTA is involved in all phases of the development and implementation of standards;

3. Delegation to the Council on Practice of the responsibility of defining quality practice at various levels and in various specialty areas; the kinds of knowledge and skills needed to practice in each of these areas; and the relationship among the various areas;

4. Delegation to the affiliate association and to the Delegate Assembly of the responsibility for developing and including in their bylaws enforceable ethics clauses;

5. Delegation to the affiliate associations and the representatives of the Council on Practice of the responsibility for determining the kinds of continuing education needs their members have, finding resources in their regions to meet those needs, delineating those needs which cannot be met locally or regionally, and developing models and methods by which the quality of occupational therapy services within the state or region can be evaluated, as well as the means by which members serve as peer reviewers, consultants, and supervisors to improve the kind and quality of occupational therapy services. Affiliate associations and the Council on Practice should also begin to consider how to educate consumers, employers, and therapists about quality service, the legal implications of providing poor quality service with non-qualified personnel, and the importance of hiring qualified occupational therapy personnel.

PHASE II: (analysis of data collected by groups during Phase I, development of plans for continuing education, seeking financial resources for educational programs, estimating costs involved in implementing a set of standards and the necessary supportive services, and preparing standards for continuing certification and registration by the Council on Standards (based on the definition of quality practice prepared by Council on Practice), and the preparation of a plan for implementing such standards.)

PHASE II (Continued)

Other activities to be undertaken during this second phase include educating members of affiliate associations and Council on Practice representatives in how to plan, finance, conduct and evaluate continuing education programs; to work with universities and extension programs to provide necessary kinds and varieties of opportunities for therapists who cannot participate in organized workshops; to develop self-evaluation tests and other educational resource materials to further broaden the kinds of educational materials; to work with employers through the national and affiliate associations to promote concepts of standards for service, accreditation of programs, and continuing certification and registration; to continue educating therapists about their need to participate in continuing education; and to promote consumer and employer education. Finally, a comprehensive plan, including standards for continuing certification and registration and methods of implementation and describing needed supportive services, should be submitted to the Delegate Assembly with an accompanying budget.

Finally, there should be delegated to the appropriate committees and councils (particularly the Recognitions Committee and the Council on Development) the responsibility to establish such Boards and Academies (or their equivalents). The purpose of these should be to encourage and reward members for their achievements and contributions to the profession and to promote the development, organization, and dissemination of knowledge as it relates to specialty areas. Such bodies should have a mechanism for recognizing the contribution of any occupational therapy personnel, regardless of whether he is registered or certified.

PHASE III: Implementation of the standards for continuing certification and registration. Supportive services (such as educational resources) should be available and accessible. Such a program should be nationwide in scope to prevent unnecessary restrictions on mobility, to reduce the need for licensure, and to promote advancement and entry opportunities for occupational therapy personnel.

It is imperative that as many members of AOTA as possible be intimately involved in all stages of development of this program. This plan provides a mechanism whereby national leadership and coordination can be provided while making possible active participation by the members of AOTA in defining the processes, as well as the standards, which are most conducive to maintenance of high quality services in occupational therapy.

Annual reports on the progress being made toward development of standards and supportive services should be made annually to the Delegate Assembly by the AOTA staff member responsible for directing this project and by the various Council chairmen, in addition to quarterly reports to the Executive Board. Proposals for budgets should be submitted with each report. A final report should be presented within three years, if possible, but no later than five years from this date.

Finally, where possible and feasible, grant support to expand the operations of the basic groups assigned to complete this project should be sought, although it is anticipated that the basic cost should be assumed by AOTA.

ACTION BY THE DELEGATE ASSEMBLY:

Adopted as amended.

Date: April 30, 1971

BACKGROUND INFORMATION - RESOLUTION #300-71

I. The Delegate Assembly, on October 30, 1965, "moved and passed unanimously, a resolution to authorize the Council on Standards to establish realistic standards for an effective means of maintaining eligibility for annual renewal of registration and membership, and that the Bylaws be amended to incorporate such standards as criteria for continuing membership in the association".

Lyla Spelbring, OTR, Chairman of the Committee on Standards for the Profession, duly appointed Rosalia Kiss as Chairman of a Sub-Committee on Continuing Registration and Certification to fulfill this charge. Committee members were Dorothy Elliott, OTR, Sigrid Hansen, OTR, Harriet Schmid, OTR, Doris Slack, OTR, Lyla Spelbring, OTR and Mrs. Mary Willy; Mrs. Martha Moersch, OTR, Chairman of the Committee on Continuing Education served as member ex-officio. Resolution #155 was subsequently submitted to the Delegate Assembly at its annual meeting on September 16, 1967. Resolution #155 contained a proposal whereby minimum requirements for registration were to be completed every three years. The responsibility for submitting proof of fulfillment of the requirements remained with the individual AOTA member. The individual members were then responsible for submitting the necessary forms to AOTA headquarters, where the information was to be recorded. A Committee on Continuing Registration and Certification was to be established to consider problems and provide interpretations of policy. The Committee on Continuing Education also was to be responsible for identifying and providing appropriate courses and workshops. This resolution was defeated, and the charge was again returned to the Council on Standards, Committee on Standards for the Profession.

II. At the annual Delegate Assembly meeting of the American Occupational Therapy Association on May 1, 1970, Resolution #286-70 was adopted. This resolution reads:

"Be it resolved, that the Delegate Assembly instruct the Council on Standards to establish realistic standards and methods of implementation for an effective measure of maintaining eligibility for annual renewal of registration and/or certification, and

Be it further resolved, that the supporting material in Resolution #155 be considered in their deliberations and that the Council on Standards report their plan to the Delegate Assembly at the meeting in 1971".

In May 1970, an Ad Hoc Committee on Continuing Certification and Registration was formed to respond to the Delegate Assembly's charge. Membership on this Ad Hoc Committee included:

Miss Jerry A. Johnson, OTR, Chairman, Ad Hoc Committee
Miss Joanne C. MacDonald, OTR, Incoming Chairman, Council on Standards
Mrs. Gail Fidler, OTR, Chairman, Committee on Standards for the Profession
Mr. Fred Odhner, OTR, Committee on Standards for the Profession
Mrs. Charlotte Nesseth, COTA, Committee on Standards for the Profession
Mrs. Irma Bolton, COTA, liaison, Council on Development, COTA Committee
Mrs. Joane Wyrick, OTR, Chairman, Council on Practice
Miss Carlotta Welles, OTR
Mrs. Ruth Brunyate Wiemer, OTR
Miss Margaret Smith, OTR

Members of this Ad Hoc Committee surveyed and prepared reports as background material for the work of the committee.

1. Nineteen professional associations were contacted to determine what, if any, action they had taken to develop standards or models to insure continuing competency among their members. Of these, two, the American Academy of General Practice and the American Dietetic Association, have standards for continuing registration. Partici-

pation in both programs is voluntary, and neither association has imposed standards which invalidate the initial qualifications which permit a member to practice.

It was reported that a third association, the American Osteopathic Surgeons, is using the Professional Examination Service to help them devise a voluntary self-assessment examination, complete with study references, as their preliminary step toward setting standards for continuing registration. (The estimated cost for developing this one evaluation tool ranges from $15,000-$25,000, which is a cash outlay; fees--approximately $25.00 per person--for taking the examination are used to maintain ongoing expenses of the examination.) The American Psychiatric Association has a similar plan for self-evaluation. Other associations are studying the possibility of adopting standards for continuing certification and registration.

2. A review of legal aspects related to standards for continuing certification and registration revealed that it will be very difficult to remove certification or registration from anyone who has fulfilled the basic requirements for becoming a practitioner. This can be done through due process, resulting from a breach of moral or ethical codes. However, every state has laws which require employers who are certified by the state to exercise due care and selection in hiring procedures. Therefore, it is possible for each employing institution to impose or enforce standards relating to continuation of education and the maintenance of qualifications which enable one to provide adequate quality care and treatment. Thus, the employing institution could be held accountable for employees who do not maintain adequate standards of proficiency. This suggests that each employer has a responsibility to evaluate employees and to suggest and support ways in which they can improve their performance. Legally, any standards which are adopted must have well-defined levels of appeal, with the highest appeal being a court of law.

3. Social issues involved in considering the imposition of standards for continuing certification and registration include:

a. the fact that there now exists a serious shortage of qualified health personnel, and all health professions are considering alternative ways (in addition to our traditional educational-diploma route) of qualifying personnel to enter the job market and to progress within the profession;

b. the economic consideration that quality care and the availability of adequate numbers of personnel to provide that care are related so that it is difficult for one to exist without the other;

c. Congress has directed Health, Education, and Welfare to conduct a study of licensure to see if licensing creates artificial barriers which prevent skilled persons from entering or advancing within the health professions;

d. the development of additional standards can be potentially viewed as being discriminatory and as protecting the profession, rather than the consumer, if adequate precautions (such as providing supporting services to enable members of the profession to fulfill the requirements) are not taken; and

e. AOTA should ally itself with other accrediting agencies and bodies so that as institutions are accredited, the service programs in occupational therapy are also accredited. Such an alliance should encourage the use of the already adopted "Standards for Service Programs in Occupational Therapy."

4. The primary focus of unions, civil service legislation, and licensure laws is to establish entry requirements and to maintain jobs, rather than to encourage upgrading and greater competency, except insofar as increased standards are imposed for higher level positions or increases in salary.

5. Ethics clauses adopted by many professions are more descriptive of the jobs to be performed by the members of those professions than they are definitive about the ethical or moral standards to be maintained by professional members. The more general the ethics clause, the more difficult it is to enforce or uphold.

6. Finally, the majority of professionals and occupational groups which were contacted require completion of basic educational requirements, successful completion of an examination, and payment of annual dues or registration fees as the basic requirements to practice. (Interestingly enough, members of AOTA frequently receive more services for the amount of dues--and pay about the same, or less--than many of the other groups surveyed. A majority of other groups require individual subscriptions to professional journals and literature, on top of the basic payment of dues and fees.)

It is also well to note that there is a strong movement in the United States at this period of time to protect consumers, and a number of bills to do this are now under consideration in both federal and state legislatures.

In addition to the studies undertaken by members of the Ad Hoc Committee, a request was sent to the Council on Practice regional coordinators and local chairmen of affiliate associations (with copies to affiliate presidents and Delegate Assembly members) asking that local committees be formulated to consider the charge of the Delegate Assembly, the implications of maintaining a system of continued certification and registration, and to prepare and submit proposals to the Ad Hoc Committee.

These local committees were encouraged to include representatives of both COTAs and OTRs since the matter under consideration has implications for all members of AOTA.

Subsequently, reports and/or proposals were received from all regions of the Council on Practice, from some affiliate associations, and from some individuals. This was an issue which generated a considerable amount of interest (and anxiety) among the membership, and several affiliate associations and regional groups volunteered to undertake further work and planning if requested to do so. Many concerns and issues were raised by the membership, and some of those which were repeatedly mentioned are listed below:

1. There was some confusion about the basic task as the term "re-certification and re-registration" was interpreted by some as referring to renewal of certification or registrztion after this has lapsed; others interpreted the term to mean continuing certification and registration. Proposals and reports which were submitted thus related to the interpretation of the members.

2. There was concern about whether this was an honest attempt to motivate and reward occupational therapists to be more concerned about and to take action to insure that their qualifications to practice prompted high quality care or whether it was an attempt to be punitive for persons who did not maintain their qualifications. There was also fear expressed that some people would lose their right to practice.

3. Many reports suggested that we need a clear definition of what constitutes good practice, as this would form the criteria against which we would evaluate whether or not a person meets certain standards.

4. There was concern about the availability of educational opportunities, as well as the availability of a variety of educational experiences, for therapists in rural areas who work in one-man departments, who have family responsibilities and cannot travel easily, or who have varying needs determined by their area of specialization or level of functioning.

5. All affiliate associations will need to have strong, enforceable ethics clauses.

6. The role and responsibilities to be assumed by AOTA(through its national headquarters and Councils), affiliate associations, individual occupational therapists, and employers of occupational therapists, needs to be clarified if standards are to be established.

7. Many reports and proposals mentioned the necessity to include procedures for appeals, conditions under which exemptions might be granted, and the methods by which one can negotiate for a waiver in any set of standards.

8. Considerable attention was given to the problem of establishing standards according to level (i.e., staff O.T., Supervisor), area (clinical practice, education, research), or specialty (i.e., physical disabilities, psychiatry) and how these aspects of occupational therapy are related to each other.

9. The entry of the professional association into maintenance of standards for persons who have fulfilled the requirements to practice is new, and a number of members questioned the legitimacy of this, stating that this was the individual responsibility of the therapist. What legal, moral, or ethical responsibility does a professional association have to assume this function?

10. Some reports expressed concern about the role of peer review and collaboration, how it should be instituted, and conducted, and whether or not it would be acceptable and useful.

In addition to the concerns which were just discussed, there did appear to be considerable support among the members for AOTA to promote the concept of providing quality care. The provision of such care rests on the premise that each practitioner must continue to educate himself, in a variety of ways appropriate to his needs, after entering professional practice, regardless of the level at which he enters. The need to be continually involved in self-education as it relates to one's practice becomes more necessary for many reasons. Knowledge is developing at a rapid rate. New theories, techniques, and methods of practice in occupational therapy as well as in other professions which affect our own practice, are continually evolving and replacing outmoded or irrelevant theories. Finally, occupational therapists are developing a new sense of professionalism as they move into practice models where supervision is not provided by another profession but must come from members of our own profession.

Given the fact that there is need for continuing education to improve the quality of performance and practice, the central purpose of any set of standards which is adopted should be to provide support through a system of continuing education directed toward

the practicing therapists, employers, and consumers. It thus becomes a responsibility of the profession to determine what standards should be established, to insure that there are opportunities available for all members to fulfill the standards, to establish the mechanism for enforcement of the standards, to insure that the standards are not discriminatory and unduly restrictive, to encourage and promote the development of enforceable ethics clauses in the Bylaws of all affiliate associations, and to educate students, therapists, employers and consumers about the elements of quality care and service in occupational therapy. It was with this philosophy that Resolution #300-71 was proposed.

III. Following its adoption, the Executive Board appointed Dr. Jerry A. Johnson as Acting Project Director until such time as a full-time Project Director could be employed. This action was taken in order to develop the basic plans for the implementation of Resolution #300-71, to design the job description for the Project Director, to recommend candidates for the position, and to initiate such activities as seemed basic to the conduct of the project.

An Interim Planning Committee was formed, consisting of: Bernadine Choren, OTR; Joanne MacDonald, OTR; Janice Matsutsuyu, OTR; Cordelia Myers, OTR; Janet Stone, OTR; and Harriet Warren, OTR. Members of the Interim Planning Committee held three meetings: one in July 1971, the second in October 1971, and the third in February 1972. The activities of this Interim Planning Committee were intended to be considered as guidelines for an incoming Project Director who would have the liberty to utilize these plans in toto or to make appropriate changes consistent with the needs of the project and are described in their March 1972 summary report. Mrs. Patricia Mayer Shanahan, OTR was employed as full-time Project Director on February 28, 1972.

APPENDIX II

Contract Scope of Work

ARTICLE I - DESCRIPTION AND SCOPE OF WORK

A. The Contractor shall furnish the personnel, materials, equipment, and facilities to accomplish the following contract work:

1. The Contractor shall develop recommendations regarding the use of the chart audit/record review procedures in the determination of practitioner competency in a re-certification program for occupational therapy practitioners.

2. The Contractor shall design and recommend a competency based re-certification program for occupational therapy practitioners, including policy and procedural detail.

B. In the process of developing recommendations regarding the use of chart audit/record review procedures to determine practitioner competency the Contractor specifically shall:

1. Explore, and assess, various chart audit/record review procedures as methods to evaluate the quality of care an occupational therapy practitioner provides clients, and to provide evidence of practitioner competency.

2. Employ consultants with expertise in chart audit/record review procedures. Appointment of consultants is subject to approval of the Project Officer.

3. Establish an Audit Committee which, in conjunction with the consultants selected (B.2) and the Contractor's staff, shall complete the study and assessment of chart audit/record review procedures and make appropriate recommendations.

The Committee shall consist of not more than 6 people. In the selection of committee members, consideration shall be given to minority representation and to equality of women and men. The committee shall include representatives of:

a. the occupational therapy field

b. organizations concerned with the employment and competency assurance of occupational therapy practitioners

c. chart audit/record review procedures specialists

Appointment of individuals to the committee is subject to approval of the Project Officer.

Over the period of performing the required work the committee shall meet not more than 3 times and this shall cover not more than 6 meeting days at contract expense.

ARTICLE I - DESCRIPTION AND SCOPE OF WORK (Continued)

4. Design and carry out appropriate methodology for the assessment of various chart audit/record review procedures and develop recommendations regarding their use in re-certification of occupational therapy practitioners.

   The methodology may involve not only the committee but other resource people through techniques such as mail reviews. The specifics of the methodology are subject to approval by the Project Officer.

5. Establish criteria by which to judge the applicability of chart audit/record review procedures for re-certification purposes. The criteria are subject to approval by the Project Officer.

6. Prepare and submit a draft final report (3 copies) on the assessment and recommendations regarding chart audit/record review procedures at the end of contract month 8. The draft is subject to approval of the Project Officer.

7. Prepare and submit the final report (15 copies) on the assessment and recommendations regarding chart audit/record review procedures 12 months from the date of contract award. The report shall be ready for publication and shall contain, but not be limited to, the following:

   a. An introductory rationale for the work.

   b. A summary of the work and accomplishments.

   c. A statement of problems encountered and their solution.

   d. A detailed report of the chart audit/record review procedures analysis, including descriptions of procedures, the assessments, and the recommendations regarding their use in the re-certification process.

C. In the process of designing a re-certification program for occupational therapy practitioners the Contractor specifically shall:

1. Employ a consultant with expertise in re-certification processes and competency measurement. Appointment of the consultant is subject to approval of the Project Officer.

2. Establish a Design Committee which, in conjunction with the consultant selected (C.1) and the Contractor's staff, shall complete the design of a program of competency based re-certification for occupational therapy practitioners.

ARTICLE I - DESCRIPTION AND SCOPE OF WORK (Continued)

The committee shall consist of not more than 6 people. In the selection of committee members, consideration shall be given to minority representation and to equality of women and men. The committee shall include individuals representing the following:

a. The AOTA top hierarchy

b. Practicing occupational therapists

c. Practicing occupational therapy assistants

d. Others

Appointment of committee members is subject to approval of the Project Officer.

Over the period of performing the required work the committee shall meet not more than 4 times and this shall cover not more than 8 meeting days at contract expense.

3. Design and carry out methodology appropriate to designing a competency based re-certification program for occupational therapy practitioners.

   The methodology may involve not only the committee but other resource people through techniques such as mail reviews and professional testimony before the committee. The methodology of designing and establishing a re-certification program shall include the establishment of criteria by which to assess potential program content. Such criteria shall include those factors which will contribute to prevention of discrimination against the disadvantaged. The specifics of methodology, and the criteria, are subject to approval of the Project Officer.

4. Prepare a draft design of a competency based re-certification program for occupational therapy practitioners by the end of contract month 7. The draft is subject to approval by the Project Officer.

5. Prepare and submit a draft final report (3 copies) on the design of a competency based re-certification program for occupational therapy practitioners at the end of the contract month 10. The draft is subject to approval by the Project Officer.

6. Prepare and submit the final comprehensive report (15 copies) on the re-certification program 12 months from the date of contract award. The report shall be ready for publication and shall include, but is not limited to, the following:

   a. An introductory rationale for the work.

ARTICLE I - DESCRIPTION AND SCOPE OF WORK (Continued)

b. A summary of the work and accomplishments.

c. A statement of problems encountered and their solution.

d. Discussion of project effort, including methodology.

e. Detailed description of the program of competency based re-certification for occupational therapy practitioners, policies and procedural detail, which is being recommended.

D. Upon completion of the final report, and when it has been accepted by the Project Officer, a copy shall be sent to each member of the Working Committee and the Project Officer for Contract No. NO1-AH-44116.

APPENDIX III

Design and Audit Committee Members

APPENDIX III

Design and Audit Committee Members

COMPETENCY-BASED RECERTIFICATION PROGRAM
FOR OCCUPATIONAL THERAPY PRACTITIONERS
Contract #231-76-0064

Madelaine Gray, MA, OTR, FAOTA
Project Director
American Occupational Therapy Association
6000 Executive Blvd.
Rockville, MD 20852

Margaret A. Wilson, PhD
Project Officer
Manpower Utilization Branch
Division of Associated Health Professions
Bureau of Health Manpower, HRA, DHEW
Hyattsville, MD 20782

DESIGN COMMITTEE

1. Eleanor Brewer, RRA, MEd
   Manager, Medical Records
   Good Samaritan Hospital
   3815 Highland Avenue
   Downers Grove, IL 60515

2. Geraldine Ellis, RN, MS
   Chief, Allied Health and Training Branch
   Division of Peer Review
   Bureau of Quality Assurance
   5600 Fishers Lane
   Rockville, MD 20852

3. M. Jeanne Madigan, MA, OTR
   Curriculum in Occupational Therapy
   University of Illinois
   Chicago, IL 60680

4. Susan Price, COTA
   Providence Center
   370 Shore Acres Road
   Arnold, MD 21012

5. Daniel R. Thomas, MS
   Staff Specialist
   American Hospital Association
   840 North Lake Shore Drive
   Chicago, IL 60610

AUDIT COMMITTEE

1. M. Carolyn Baum, OTR, FAOTA
   Washington University
   Irene Walter Johnson Institute of Rehabilitation
   Department of Preventive Medicine
   St. Louis, MO 63110

2. Florence S. Cromwell, MA, OTR, FAOTA
   Associate Director for Vocational Evaluation
   Job Corps Center
   Los Angeles, CA 90015

3. Carole Hays, MA, OTR, FAOTA
   Director
   Division of Occupational Therapy
   University of Michigan Medical Center
   Ann Arbor, MI 48103

4. Ruth Zemke, MS, OTR
   Child Development Department
   Iowa State University
   Ames, IA 50010

6/77

APPENDIX IV

Initial Certification Requirements

AOTA CERTIFICATION REQUIREMENTS

A. OCCUPATIONAL THERAPIST, REGISTERED (OTR)

To become an OTR, an individual must:

1. be a graduate of an accredited occupational therapist educational program and have successfully completed the therapist level field work requirements as stipulated in the Essentials of an Accredited Educational Program for the Occupational Therapist

2. have successfully completed the Certification Examination for Occupational Therapist, Registered

3. have paid the AOTA certification and registration fee for Occupational Therapist, Registered

OR

1. be a currently certified Occupational Therapy Assistant (COTA)

2. have four years work experience as a COTA

3. have successfully completed the therapist level field work requirements as stipulated in the Essentials of an Accredited Educational Program for the Occupational Therapist

4. be approved by the AOTA Review Committee

5. have successfully completed the Certification Examination for Occupational Therapist, Registered

6. have paid the AOTA certification and registration fee for Occupational Therapist, Registered

over . . .

6000 Executive Boulevard Rockville, Maryland 20852 301—770-2200

B. CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA)

To become a COTA, an individual must:

1. be a graduate of an AOTA approved occupational therapy assistant educational program and have successfully completed the field work requirements as stipulated in the Essentials of an Approved Program for the Occupational Therapy Assistant

2. have successfully completed the Certification Examination for Occupational Therapy Assistant (new requirement for occupational therapy assistants completing academic and field work requirements after October 31, 1976)

3. have paid the AOTA certification and registration fee for Certified Occupational Therapy Assistant

AOTA Division of Certification
October 1976

APPENDIX V

Lapsed Certification Policies

The American
Occupational Therapy Association, Inc.

PLEASE FILE FOR READY REFERENCE

POLICY REGARDING CERTIFICATION AS AN
OCCUPATIONAL THERAPIST, REGISTERED

FOR THOSE WHOSE CERTIFICATION HAS LAPSED*

It is the responsibility of all occupational therapists to keep informed relative to the policy on lapsed certification. Any changes in policy are published in the AMERICAN JOURNAL OF OCCUPATIONAL THERAPY and announed in the AOTA NEWSPAPER.

1. For a first lapse of recertification for less than a full five year period:

   A previously certified Occupational Therapist, Registered, who has allowed his/her certification to lapse less than a full five year period may be recertified by paying one half of the previous year's annual fee and the total annual fee for the current year. This reinstatement will be limited to ONE TIME ONLY. Those persons who were recertified in 1970 under the Amnesty Policy (Resolution #121-66, adopted 9/1967) have used this one time only reinstatement without rewriting the certification examination.

2. For a first lapse of recertification for more than a full five year period:

   A previously certified Occupational Therapist, Registered, who has allowed his/her certification to lapse more than a full five year period may be recertified by successfully writing the AOTA Certification Examination for Occupational Therapist, Registered, and paying the total annual fee for the current year.

3. For a second and any additional lapsed of recertification, regardless of the time period:

   A previously certified Occupational Therapist, Registered, who has allowed his/her certification to lapse more than once may be recertified by successfully writing the AOTA Certification Examination for Occupational Therapist, Registered, and paying the total annual fee for the current year.

NOTE: The annual fee for the current year of reinstatement must be paid within the calendar year in which the examination is taken.

Bills for the annual fee are mailed in September and payment is due by December 1.

*AUTHORITY: The current policy was adopted by the AOTA Delegate Assembly in April 1975, became effective beginning with the calendar year 1976, and supersedes all previous policies. In 1973 the name "registration examination" was changed to "certification examination."

6000 Executive Boulevard Rockville, Maryland 20852 301—770-2200

The American
Occupational Therapy Association, Inc.

POLICY REGARDING CERTIFICATION AS AN
OCCUPATIONAL THERAPY ASSISTANT

FOR THOSE WHOSE CERTIFICATION HAS LAPSED*

It is important that you know the current policy relative to lapsed certification which was adopted by the Delegate Assembly in October 1976, Resolution #485-76

1. For a first lapse of recertification for less than a full, five year period:

   A previously certified occupational therapy assistant, who has allowed his/her certification to lapse less than a full, five year period may be recertified by paying one half of the previous year's annual fee and the total annual fee for the current year. This reinstatement will be limited to ONE TIME ONLY.

2. For a first lapse of recertification for more than a full, five year period:

   A previously certified occupational therapy assistant, who has allowed his/her certification to lapse more than a full, five year period may be recertified by successfully writing the AOTA Certification Examination for Occupational Therapy Assistants and paying the total annual fees for the current year.

3. For a second and any additional lapses of recertification, regardless of the time period:

   A previously certified occupational therapy assistant, who has allowed his/her certification to lapse more than once may be recertified by successfully writing the AOTA Certification Examination for Occupational Therapy Assistants and paying the total annual fees for the current year.

*This policy is effective November 1, 1976 and supersedes the previous policy relative to lapse of certification which was adopted April 1975 (Resolution #450-75).

6000 Executive Boulevard Rockville, Maryland 20852 301—770-2200

APPENDIX VI

AOTA By-Laws

AOTA Bylaws

[Adopted 9/30/76—Effective 11/11/76]

Article I

NAME, EMBLEMS, PUBLICATIONS, PRINCIPAL OFFICE

Section 1. NAME. The organization shall be called The American Occupational Therapy Association, Inc., hereinafter referred to as the Association or AOTA.

Section 2. EMBLEMS. The collective membership emblems of the Association shall be approved by the Representative Assembly.

Section 3. PUBLICATIONS. The official publications shall be the *American Journal of Occupational Therapy* and the newspaper *Occupational Therapy*, both owned and published by the Association.

Section 4. PRINCIPAL OFFICE. The location of the principal office of The American Occupational Therapy Association, Inc. shall be determined by the Representative Assembly.

Article II
PURPOSE, NONINUREMENT

Section 1. PURPOSE. The purpose of the Association in furtherance of the objectives set forth in the Articles of Incorporation is to act as an advocate for occupational therapy in order to enhance the health of the public in its medical, community, and educational environments through research, education, action, service, and establishment and enforcement of standards.

Section 2. NONINUREMENT. With the purpose of this Association devoted entirely to the advancement of the profession, no part of its earnings shall inure to the use or benefit of any individual. This Association shall not engage in any activities which are not permitted by Internal Revenue Code Section 501 (c)6.

Article III
MEMBERS

Section 1. MEMBERSHIP CLASSES. The membership of the Association shall consist of two classes:

A. *Individual.* Individual members shall be (1) certified occupational therapists who shall hereinafter be referred to as "occupational therapists, registered" (OTRs); (2) certified occupational therapy assistants, hereinafter referred to as COTAs; and (3) occupational therapy students.

B. *Organizational.* Organizational members shall be institutions or agencies interested in occupational therapy.

Section 2. QUALIFICATIONS.

A. *Individual Members.* In order to be eligible for membership, an OTR or COTA must be certified under requirements set by the Representative Assembly and meet such other criteria as shall be established by the Representative Assembly. (See this article Section 5, A. and B.) To be eligible for occupational therapy student membership, an individual shall be enrolled, in the United States or its possessions or commonwealth, in an accredited or approved occupational therapy program or a program that has filed request for the initial on-site survey.

B. *Organizational Members.* In order to be eligible for membership, an organization or agency must meet the criteria set by the Representative Assembly.

Section 3. MEMBERS IN GOOD STANDING.

A. *Individual Members.* An individual member who meets the qualifications for membership in the appropriate classification, has paid the appropriate fee, and agrees to uphold the standards and ethics of the Association is a member in good standing.

B. *Organizational Members.* An organizational member which meets the criteria set by the Representative Assembly and has paid the appropriate fee is in good standing.

Section 4. RIGHTS AND PRIVILEGES OF MEMBERS IN GOOD STANDING.

A. *Individual Members.* All individual members in good standing shall have the right to belong to one Specialty Section upon payment of the AOTA membership fee and may be members of additional Specialty Sections upon payment of fees as determined by the Representative Assembly. Individual members in good standing may serve on committees of the Association and shall receive the *American Journal of Occupational Therapy* and the newspaper *Occupational Therapy* and other regular membership mailings of the Association. OTR and COTA members in good standing, hereinafter referred to as "voting members," shall be entitled to one vote in the election of officers of the Association, the election of Delegates and Alternate Delegates to the World Federation of Occupational Therapists, the amendment of the Association bylaws, and in the voting at the annual business meeting of the Association. Except as stated in Article VI, Section 1, all voting members shall be entitled to vote in the election of Representatives and Alternate Representatives to the Representative Assembly. The positions of Representative and Alternate Representative may be held by voting members in good standing. The privilege of holding the offices of President, Vice-president, Secretary, Treasurer, and Treasurer-Elect is reserved for OTR members in good standing who meet the qualifications specified in Article V. Student members shall be members of the Student Committee and shall have the right to vote for its chair, who shall serve as Representative in the Representative Assembly with vote. One student from each educational program shall participate as a voting member of the Commission on Education.

B. *Organizational Members.* Organizational members shall have no voting rights in the affairs of the Association, but shall be entitled to receive those services designated by the Representative Assembly.

Section 5. OFFICIAL ROLLS

A. *Registry of Certified Occupational Therapists.* A member who has passed the Certification Examination for Occupational Therapists and has met other criteria set by the Representative Assembly shall be entitled to use the initials "OTR" following his name, which shall be maintained on the official registry.

B. *Listing of Certified Occupational Therapy Assistants.* A member who has met the criteria set by the Representative Assembly for certified occupational therapy assistants shall be entitled to use the initials "COTA" after his name, which shall be maintained on the official list.

C. *Roster of Fellows.* An occupational therapist, registered (OTR) who maintains membership and meets the criteria established by the Representative Assembly may be nominated to the Roster of Fellows.

D. *Roster of Honor.* A certified occupational therapy assistant (COTA) who maintains membership and meets the criteria established by the Representative Assembly may be nominated to the Roster of Honor.

Article IV
MEETINGS OF THE MEMBERSHIP OF THE ASSOCIATION

Section 1. ANNUAL BUSINESS MEETING. The annual business meeting of the members shall be held in the spring at a time and place designated in an official publication of the AOTA with at least ninety (90) days' notice to members. The publication shall state the place, day, and hour of the meeting. [This section shall be effective in the spring of 1978.]

Section 2. SPECIAL MEETINGS. Special meetings of the members may be called at any time by the President, by the Executive Board, by two-thirds (2/3) vote of the Representative Assembly, or by petition by ten percent (10%) of the voting members in good standing on at least twenty-one (21) days' notice by mail to the members. Such notice shall state the place, day, and hour of the meeting, and the purpose or purposes for which the meeting is called. Only such business as stated in the call may be conducted at the meeting.

Section 3. QUORUM. Two hundred (200) individual voting members in good standing present in person shall constitute a quorum at all annual and special meetings if there is representation from at least fifty-one percent (51%) of the state election areas.

Section 4. VOTING. At any annual or special meeting of the members, all voting shall be done in person only and each individual voting member in good standing shall have one vote. The Executive Board shall determine the process for counting and recording the vote.

Section 5. NATIONAL CONFERENCE. The Association may sponsor at least one national conference yearly, to be held in conjunction with the annual business meeting of the members. This conference may provide opportunities for members to participate in professional, educational, and social activities.

Article V
OFFICERS

Section 1. OFFICERS. The officers of the Association shall be the President, Vice-President, Secretary, Treasurer, and a Treasurer-Elect. Where these bylaws provide for a vote by the officers, the Treasurer-Elect shall have no vote.

Section 2. ELECTION. Officers of the Association shall be elected by individual vote of the Association's voting members in good standing by mail ballot. In order to ensure continuity of leadership experience, elections of officers shall be staggered. Elections for the offices of President and Treasurer-Elect shall be held in even years, and elections for the offices of Vice-President and Secretary shall be held in odd years. The Procedural Guide of the Association shall state procedures and timetables for the conduct of these elections. The President, Vice-President, Secretary and Treasurer-Elect shall assume office at the adjournment of the annual business meeting following the announcement of their election. The Treasurer-Elect shall serve a one-year term prior to assuming office as Treasurer at the adjournment of the annual business meeting one year following election.

Section 3. ELIGIBILITY AND QUALIFICATIONS. In order to be eligible for office an AOTA member must be an occupational therapist, registered (OTR) in good standing in the AOTA and in a State (or prior to 1977 an Affiliate) Association, have a minimum of three years' experience divided among several AOTA committees, and have had a minimum of five years of active practice.

Section 4. TERMS OF OFFICE. No officer may serve more than two consecutive terms in the same office. The terms of office for the President, Vice-President, Secretary, and Treasurer shall be two years or until a successor has been elected, but in no instance may an officer serve a single term of office of more than three years. An officer who has served more than one-half (1/2) of a term of office shall be considered to have served a full term.

Section 5. DUTIES. In addition to the rights and duties provided elsewhere in these bylaws, or as custom or parliamentary usage may require, the officers have the rights and duties respectively assigned them in succeeding sections of this article.

Section 6. PRESIDENT. The President shall be the chief executive officer of the Association and shall preside at all meetings of the Association membership and the Executive Board. With the approval of the Executive Board, the President shall appoint a registered parliamentarian to serve the needs of the Association. The President shall appoint committee chairs for all standing committees of the Executive Board except for the Committee of State Association Presidents, and shall recommend to the Representative Assembly an individual to chair the Standards and Ethics Commission. The President may create ad hoc committees and appoint their chairs. The President shall be an ex officio member of all Executive Board committees. The President shall have power to sign all written obligations of the Association and shall exercise general powers of supervision and active management of the Association. Unless otherwise directed by the Representative Assembly, the President shall have full power and authority on behalf of the Association to vote, either in person or by proxy, at any meetings of stockholders of any corporation in which the association may hold stock, and at any such meetings may possess and exercise any and all the rights and powers incident to the ownership of such stock which, as the owner thereof, this Association might have possessed and exercised if present.

Section 7. VICE-PRESIDENT. The Vice-President shall discharge presidential duties in the absence of the President. In the event of a vacancy in the office of the President, the Vice-president shall succeed to the presidency for the unexpired portion of the President's term. The Vice-President shall serve as a member of the Executive Board, shall chair the Long-Range Plan Committee, and shall oversee and report to the Representative Assembly on the implementation of the long-range plan.

Section 8. SECRETARY. The Secretary shall record the minutes of the business meetings of the Association and the Executive Board and shall be custodian of the corporate documents and of the Association's seal. The Secretary shall be a member of the Executive Board. Should the President and Vice-President be absent from a Board meeting at the same time, the Secretary shall call the meeting to order and preside over an election of a president pro tem by the members present.

Section 9. TREASURER. The Treasurer shall be responsible for the conduct of the financial affairs of the Association and shall collect all fees and other monies paid into or belonging to the Association. The Treasurer shall be bonded, the expense of said bond being borne by the Association, and shall keep full and accurate account of all receipts and disbursements of the Association. The Treasurer shall have the Association's accounts audited annually by a certified public accountant, and shall report at the annual business meeting. That report shall include a written statement of the Association's financial affairs and a budget approved by the Representative Assembly. The Treasurer shall serve as a member of the Executive Board, the Fees Committee, the Fiscal Advisory Committee, and shall serve as an ex officio member of any ad hoc committee concerned with the Association's finances.

Section 10. TREASURER-ELECT. The Treasurer-Elect shall prepare for all duties devolving upon the Teasurer and shall be an ex officio member of the Fees Committee and the Fiscal Advisory Committee. The Treasurer-Elect shall serve on the Executive Board without vote.

Section 11. VACANCIES. In the event of a vacancy in the office of the President, the Vice-president shall become President. Should the offices of President and Vice-President become vacant at the same time, the Secretary shall act as President pro tem until a special election can be held by mail. Until such election is completed, the Secretary shall continue to serve as President pro tem, and the Executive Board shall appoint an individual to serve as Secretary pro tem. Vacancies in the offices of Vice-President or Secretary shall be filled according to the following guidelines: The Executive Board shall have the power to make temporary appointments but shall determine whether or not a special election should be held, giving consideration to the time interval before the next regular election. If the interval before the next election is less than six (6) months, the Executive Board may choose to appoint an individual to serve as Vice-President or Secretary until the next regular election. If the interval is more than six (6) months, the Board shall appoint a successor to serve until a new officer is elected by the established nomination and election process. Should a vacancy in the office of Treasurer occur, the Teasurer-Elect shall become Treasurer. In the event that the Treasurer-Elect has not yet been elected, the Executive Board shall appoint a Treasurer pro tem until a Treasurer can be elected.

Section 12. REMOVAL, CENSURE, APPEAL. An officer of the Association may be removed by the Association's voting members in good standing for incapacitating illness or circumstances, misconduct, or neglect of duty. Officers may be censured for irresponsible or unprofessional conduct. The removal, censure, and appeal processes shall be governed by provisions set forth in the Procedural Guide of the Association. Adoption of a motion to remove shall require concurrence of two-thirds (2/3) of the ballots received from AOTA voting members in good standing. The Credentials Review and Accountability Committee shall conduct a vote to remove by mail ballot.

Article VI
STATE ELECTION AREAS, STATE ASSOCIATIONS

Section 1. STATE ELECTION AREAS. A state election area is one which may be defined by state boundaries, including the District of Columbia and Puerto Rico, or other patterns of geographic boundaries as approved by the Representative Assembly. The purpose of designating State election areas is to define the geographic areas from which Representatives to the Representative Assembly may be elected. In order to be a voting participant in a state election area, an AOTA voting member may vote in the state election area in which he resides or practices, or he may vote in another state election area because of its geographic proximity. The AOTA voting member in good standing who meets qualifications specified in Article VII may also serve as Representative or Alternate Representative of the state election area in which he votes. For the purposes of these bylaws, all AOTA voting members residing outside of the United States, its territories or possessions shall be considered residents of one state election area, and shall automatically be represented in the Representative Assembly by the First Alternate Delegate to the World Federation of Occupational Therapists.

A. *Representation in the Representative Assembly.* Each state election area shall be represented in the AOTA Representative Assembly as designated in Article VII.

B. *Recognition.* A procedure for requesting recognition as a state election area shall be designated by the Representative Assembly. Geographical criteria and AOTA voting-member population requirements shall be established by the Representative Assembly.

Section 2. STATE ASSOCIATIONS. A State Association is a membership organization within a state election area which collaborates with the AOTA in carrying out the objectives of the profession. It may assist as a link between the AOTA and AOTA members in the state election area in which the State Association is located, and may provide communication, education, and representation at the local level.

A. *Recognition.* A procedure for requesting recognition as a State Association shall be designated by the Representative Assembly. Geographical criteria, minimum membership, and meeting requirements shall be established by the Representative Assembly. Recognition of a State Association may be terminated by two-thirds (2/3) vote of the Representative Assembly when the policies and activities of a State Association are not in harmony with the AOTA, or when the State Association has failed to maintain minimal requirements for recognition. Before such action shall be final, the State Association shall have had adequate notice and full opportunity to be heard in the Representative Assembly in its own defense. A State Association no longer recognized may be reinstated through formal request which shall be processed in the same manner as original requests for recognition.

B. *Bylaws.* Bylaws of State Associations shall not be contrary to nor inconsistent with AOTA bylaws, and shall be reviewed and approved by the Credentials Review and Accountability Committee of the Representative Assembly.

C. *Reports.* Reports and credentials for recognition as a State Association shall be submitted by the State Association as stipulated by the Representative Assembly.

Article VII
REPRESENTATIVE ASSEMBLY

Section 1. NAME. The legislative and policy making body of the Association shall be called the Representative Assembly, hereinafter also referred to as the Assembly.

Section 2. COMPOSITION.

A. *Representatives.* The Representative Assembly shall consist of at least one duly elected Representative or Alternate from each state election area. Proportional representation shall be determined by the number of AOTA voting members who are voting participants in the state election area as of December 31 of the year prior to the election. State election areas whose voting participants equal five percent (5%) of the total AOTA voting membership shall be represented by one (1) additional Representative or Alternate. State election areas whose voting participants equal ten percent (10%) or more of the total AOTA voting membership shall be represented by two (2) additional Representatives or Alternates. In the absence of a Representative, the duly elected Alternate may be seated. Voting members of the Association residing outside of the United States, its territories or possessions, shall be represented by the First Alternate to the World Federation of Occupational Therapists.

B. *Officials.* The officials of the Representative Assembly are the Speaker, Vice-Speaker and Recorder, with vote; however, the Speaker shall cast a vote only in case of a tie.

C. *Other Members.* The officers of the AOTA and the chair of the Student Committee or his designated alternate shall be members of the Representative Assembly with vote. All other members of the Executive Board and members of the National Office staff may attend all meetings as resource persons without vote. The Executive Director shall attend all meetings of the Assembly without vote. Any member of the AOTA may audit the meetings of the Assembly.

Section 3. REPRESENTATIVES AND ALTERNATES.

A. *Election.* Representatives and Alternates shall be elected by AOTA voting members who are voting participants in the state election area. The election shall be by mail ballot.

B. *Nominations.* The nominating procedure for electing the Representatives and Alternates to the Representative Assembly may be developed by the State Associations. Should a State Association not perform this service within the time limit stated in the Procedural Guide of the AOTA, the Credentials Review and Accountability Committee shall notify the Nominating Committee of the Assembly, which will prepare a slate and conduct an election among the AOTA voting members in the state election area.

C. *Qualifications.* Each Representative and Alternate must be an OTR or COTA member in good standing of the AOTA, as determined by the Credentials Review and Accountability Committee of the Representative Assembly.

D. *Term of Office.* Representatives and Alternates shall be elected for terms of three years or until their successors have been elected. Each may be re-elected for one additional term. A rotation schedule for election of Representatives and Alternates shall be established by the Credentials Review and Accountability Committee of the Representative Assembly. Newly elected Representatives and Alternates shall assume their duties in the Assembly on the first day of May following their election.

E. *Duties.* Representatives or Alternates shall represent the AOTA voting members in their state election areas in the formulation and adoption of Association policy. They shall serve as a channel for identification and clarification of issues of concern to the profession and shall initiate appropriate action on behalf of their constituents. They shall communicate the results of Assembly action to their constituents. Those Representatives with proper qualifications may serve as Assembly officials, if elected, or on standing and ad hoc committees of that body. Alternates may vote only in the absence of the Representative.

F. *Vacancies.* In the event of a vacancy in the position of Representative, the Alternate shall succeed to that position. Should the position of Alternate become vacant, the State Association may nominate and conduct the election of a replacement within the state election area. Should the positions of both Representative and Alternate become vacant simultaneously, the State Association may conduct a special election, following standard nomination and election procedures. Should the State Association not perform this service, the appropriate committees of the Representative Assembly shall take action as described in B. above.

G. *Removal, Censure, Appeal.* A Representative may be removed for incapacitating illness or circumstances, misconduct, or neglect of duty. The decision to remove a Representative shall be the responsibility of the AOTA voting members in good standing in the state election area. If a Representative is removed, the Credentials Review and Accountability Committee shall no longer recognize the Representative. Unless otherwise instructed by the State Association, the committee shall immediately recognize the Alternate as an official Representative to the Assembly. The Assembly may censure its members for irresponsible or unprofessional conduct. An appeal process shall be designated in the Procedural Guide of the Association.

[Effective date: Upon adoption of these bylaws, all current "Delegates" will become "Representatives" and shall represent all AOTA members in their respective state election areas. The new election procedures shall take effect as each current "Delegate's" position is vacated through resignation or expiration of term.]

Section 4. OFFICIALS OF THE REPRESENTATIVE ASSEMBLY.

A. *Election.* Officials of the Representative Assembly shall be the Speaker, Vice-Speaker and Recorder, who shall be elected by the members of the Assembly.

B. *Eligibility and Qualifications.* To be eligible for an official position in the Representative Assembly, a person must be a duly elected Representative and must have served at least one (1) full year as Representative in the Assembly before election. No two (2) officials of the Representative Assembly shall be from the same state election area.

C. *Term of Office.* Officials of the Representative Assembly shall be elected for terms of two (2) years or until a successor is elected, but for no more than two (2) successive terms in the same office. A rotation schedule for the terms of Assembly officials shall be designated in the Procedural Guide of the Association. In the event that the Vice-Speaker's and Recorder's terms of office as Representatives expire before their terms of office as officials of the Assembly, these officials shall serve the remainder of their terms as officials without vote.

D. *Duties.* In addition to the rights and duties provided elsewhere in these bylaws, or as custom or parliamentary usage may require, the officials of the Representative Assembly have the rights and duties respectively designated in the Procedural Guide of the Association.

E. *Speaker.* The Speaker shall preside at all meetings of the Representative Assembly, casting a vote only in case of a tie. The Speaker shall establish and define charges to ad hoc committees of the Assembly. The Speaker shall serve as a member of the Executive Board of the Association, with vote.

F. *Vice-Speaker.* The Vice-Speaker shall fulfill the duties of the Speaker in the absence of the Speaker. The Vice-Speaker shall be a voting member of the Representative Assembly and the Executive Board.

G. *Recorder.* The Recorder shall take the minutes of the meetings of the Representative Assembly, shall serve as a voting member of the Assembly and of the Executive Board, and shall keep appropriate records.

H. *Vacancies.* The Speaker, upon election, shall be replaced as Representative by the Alternate Representative from his state election area. The Vice-Speaker and Recorder shall continue to represent their state election areas and to serve with vote. In the event of a vacancy in the position of Speaker, the Vice-Speaker shall succeed to the position of Speaker for the unexpired portion of the term. Should the positions of Speaker and Vice-Speaker become vacant simultaneously, the Recorder shall act as Speaker pro tem until a special election can be held by mail or at a meeting of the Assembly. Until such an election is completed, the Recorder shall continue to serve as Speaker pro tem, and the Nominating Committee of the Representative Assembly shall appoint a Recorder pro tem. Should the position of Recorder become vacant, the Speaker shall appoint a Recorder pro tem to serve until a new Recorder is elected by the established nomination and election process of the Assembly.

I. *Removal, Censure, Appeal.* An official of the Representative Assembly may be removed by the Representatives of the Assembly for incapacitating illness or circumstances, misconduct or neglect of duty. The removal process shall be governed by the Procedural Guide of the Association. A motion to remove shall require a two-thirds (2/3) vote of the Assembly. The Credentials Review and Accountability Committee shall have the option of conducting a vote to recall by mail or at a meeting of the Representative Assembly. The Assembly may censure its officials for irresponsible or unprofessional conduct. An appeal process shall be designated in the Procedural Guide of the Association.

Section 5. FUNCTIONS, POWERS.

A. *Policy.* The Representative Assembly, as the legislative and policy making body of the Association, shall have the power to:

(1) Formulate policy for the Association and approve policy formulated by the Executive Board in such emergency situations as fiscal crisis, natural disaster, war, or when issues critical to the profession arise that require immediate response in the interim between meetings of the Representative Assembly;

(2) Establish and approve Association policy on public issues;

(3) Establish and approve Association policy on legislative matters of concern to the Association;

(4) Review annually the priorities and resources of the Association to insure appropriate policy formulation for implementation and fulfillment of the long-range plan;

(5) Approve initial and revised standards and ethics for education, certification and practice;

(6) Formulate policy and guidelines for the establishment of specialty sections;

(7) Establish policies for publishing the names of practitioners of occupational therapy.

B. *Budget.* The Representative Assembly shall fix Association fees and authorize and approve the budget for the next fiscal year in accordance with the long-range plan and Association priorities. It shall also consider budget projections for subsequent fiscal years.

C. *Resolutions.* The Representative Assembly shall receive, consider, and act upon resolutions from any member or group within the Association, in accordance with the Procedural Guide of the Association.

D. *Ad Hoc Committees.* The Representative Assembly may establish ad hoc committees to carry out specified tasks and charges.

E. *National Office.* The Representative Assembly shall determine the location of the principal office of the Association and may authorize the creation of additional offices as the needs of the Association may require.

Section 6. MEETINGS.

A. *Regular Meetings.* The Representative Assembly shall hold at least one regular meeting annually in conjunction with the annual business meeting of the Association members. It shall be held at a time and place designated in a National Office mailing with at least ninety (90) days' notice to Representatives. The purpose of the meeting shall be to formulate and legislate policy for the Association, and to provide for the discussion of issues with other Representatives and with members of the Association. The Assembly may hold other regular meetings as necessary, following the same notification process.

B. *Special Meetings.* Special meetings may be called by the Executive Board or by one-third (1/3) of the members of the Representative Assembly, with at least thirty (30) days' notice to the Representatives. Such notice shall state the time, place, and purpose of the meeting. Only such business as stated in the call may be transacted at special meetings.

C. *Voting.* Unless otherwise specified in the Articles of Incorporation, bylaws, or statutory provisions, the number of votes required for adoption of a question shall be consistent with *Robert's Rules of Order Newly Revised.*

Section 7. STANDING COMMITTEES.

A. *Names.* The standing committees of the Representative Assembly shall be the Agenda Committee, Bylaws Committee, Credentials Review and Accountability Committee, Fees Committee, Long-Range Plan Committee, Nominating Committee, Recognitions Committee and Student Committee.

B. *Functions.* The functions of the standing committees of the Representative Assembly shall be as stated in Article X of these bylaws.

C. *Chairs.* Unless otherwise stated in these bylaws, standing committees of the Representative Assembly shall be chaired by individuals elected from within their membership according to procedures designated in the Procedural Guide of the Association. Each term of office shall be two (2) years or until a successor has been elected. Individuals chairing standing committees may serve two (2) consecutive terms.

D. *Composition.* Unless otherwise stated in the Procedural Guide of the Association, composition of each standing committee shall be at the discretion of the Chair, but may include Representatives, resource persons, National Office staff, members of the Association, and consumers.

E. *Charges.* Charges to the standing committees shall be made by the Speaker or as designated in the Procedural Guide of the Association.

Section 8. STANDING COMMISSIONS. The standing commissions of the Representative Assembly, as described in Article X of these bylaws, shall be the Standards and Ethics Commission, the Commission on Education, and the Commission on Practice.

Section 9. AD HOC COMMITTEES. Individuals chairing ad hoc committees shall be appointed by the Speaker of the Representative Assembly and shall serve until the committee's charge has been fulfilled. The chair need not be a member of the Assembly. Unless otherwise stated in the Procedural Guide of the Association, the composition of ad hoc committees shall be at the discretion of the chair, but may include Representatives, resource persons, National Office staff, members of the Association, and consumers.

Section 10. EMERGENCY. In an emergency situation, such as is described in Article VII, Section 5, A. (1) of these bylaws, a vote by mail may be ordered by the Speaker of the Representative Assembly or by one-third (1/3) of the members of that body. A mail vote may be ordered only on matters that have been discussed in regular or special meetings of the Assembly. The number of mail ballots received must be equal to a quorum of the Assembly, and all questions shall be decided by a majority of the ballots received unless otherwise specified in these bylaws.

Section 11. AGENDA. Items for the Representative Assembly agenda shall be presented by the Agenda Committee in accordance with the Procedural Guide of the Association.

Section 12. PROCEDURAL GUIDE OF THE ASSOCIATION.

A. *Development.* The Representative Assembly, in consultation with the Executive Board, shall develop and adopt for the conduct of Association business a Procedural Guide consistent with these bylaws. In developing, amending or rescinding any parts of the Pro-

cedural Guide, legal counsel shall be consulted to ensure conformance with statutory provisions.

B. *Content.* The Procedural Guide shall designate the procedures for the conduct of the business of the Representative Assembly, the Executive Board, their respective committees and commissions, and the specialty sections. It shall delineate the charges, functions, and accountability of all standing committees, commissions, and specialty sections. It shall state the qualifications for individuals who chair these bodies and shall designate the individuals and groups to whom they shall report. Procedures for establishing and appointing members to ad hoc committees shall also be contained in the Procedural Guide.

Section 13. QUORUM. Unless otherwise provided in these bylaws, a majority of the Representatives shall constitute a quorum at any meeting of the Representative Assembly.

Article VIII
EXECUTIVE BOARD

Section 1. NAME. The management body of the Association shall be called the Executive Board. It shall consist of thirteen (13) individuals, including eight (8) voting members and five (5) nonvoting members.

Section 2. COMPOSITION.

A. *Voting Members.* The voting members of the Board shall be the President, Vice-President, Secretary, and Treasurer of the Association plus the Speaker, Vice-Speaker, and Recorder of the Representative Assembly and the chair of the Committee of State Association Presidents. Only voting members of the Executive Board shall be counted in determining the existence of a quorum or majority vote. Voting members of the Executive Board shall serve for the duration of their terms of office as described elsewhere in these bylaws.

B. *Nonvoting Members.* The ex officio members of the Board without vote shall be the Treasurer-Elect, who serves for one year in that capacity; the AOTA Delegate to the World Federation of Occupational Therapists, whose term is five years; the Executive Director of the National Office, who serves for the length of his employment; and the chairs of the Fiscal Advisory and Personnel committees, whose terms are two years.

C. *Quorum.* Five voting members of the Board shall constitute a quorum.

Section 3. PRESIDING OFFICER. The President of the Association shall be the presiding officer of the Executive Board.

Section 4. FUNCTION. The Executive Board shall manage the affairs of the Association, make necessary budget adjustments with the advice of the Treasurer, and oversee implementation of policies established by the Representative Assembly. The Executive Board shall have at least two (2) regular meetings a year and shall report regularly to the Representative Assembly.

Section 5. POWERS. The Executive Board shall have and exercise the powers inherent in the management of the affairs of the Association. In the event of an emergency and the lack of definitive policy from the Representative Assembly, the Executive Board is authorized to establish policy and take appropriate action thereon. Policies developed and actions taken by the Board pursuant to this emergency power shall be subject to approval by the Representative Assembly. The Executive Board shall have authority to appoint such agents as may be necessary to exercise its function and powers. The Executive Board shall have the power to create special and ad hoc committees.

Section 6. EXECUTIVE DIRECTOR.

A. *Appointment.* The Executive Board shall appoint an Executive Director, shall annually review the Executive Director's performance in relation to established objectives, and shall have the authority to terminate the Executive Director's appointment. In the event of a vacancy in the position, the Executive Board shall oversee the selection process for a successor. The Executive Board shall define the duties and objectives and fix the compensation of the Executive Director, after consultation with the Personnel Committee.

B. *Duties.* The Executive Director shall report directly to and be accountable to the presiding officer of the Executive Board. The Executive Director shall be the chief administrative officer of the National Office and shall organize and supervise its staff. The Executive Director shall perform such other duties as the Executive Board or the Representative Assembly may assign. After collaboration with the Personnel Committee and the Fiscal Advisory Committee, and in accordance with policies established by the Representative Assembly, the Executive Director shall employ, assign, supervise, and where necessary, terminate the National Office staff. The Executive Director shall serve as an ex officio member without vote on the Executive Board and the Representative Assembly.

Section 7. NATIONAL OFFICE.

A. *Principal Office.* The principal office of the Association shall be referred to as the National office.

B. *Staff.* The National office shall be staffed in accordance with the provisions of these bylaws, to assist AOTA members in carrying out the purposes and long-range plan of the Association. Except where otherwise provided, the Executive Director and other members of the National Office staff may serve as ex officio members without vote on any committee, commission, or other body of the Association when they participate in their capacity as staff members of the National Office.

C. *Special and Ad Hoc Committees.* The National Office, with the approval of the Executive Board, may create special and ad hoc committees to assist in its operations as described in the Procedural Guide of the Association.

Section 8. STANDING COMMITTEES. The standing Committees of the Executive Board shall be the Personnel Committee, the Fiscal Advisory Committee, and the Committee of the State Association Presidents. The chairs of these committees may serve up to two (2) two-year terms. With the exception of the Committee of State Association Presidents, these committees shall be chaired by individuals appointed by the presiding officer of the Executive Board. The standing committees shall report directly to the Executive Board and the National Office staff. The duties of the standing committees shall be as described in Article X and in the Procedural Guide of the Association.

Article IX
SPECIALTY SECTIONS

Section 1. SPECIALTY SECTIONS. The AOTA recognizes and supports the establishment of specialty sections related to delineated areas of occupational therapy practice.

Section 2. PURPOSE. The purpose of specialty sections shall be to: a) develop knowledge and skills in specific areas of occupational therapy practice; b) promote continuing education within each specialty section; c) promote research within each specialty section; d) promote publications within each specialty section; e) function as a resource or collaborate with any body of the Association; and f) respond to emerging issues, both internal and external to the Association, as they relate to specialty areas of occupational therapy.

Section 3. FORMATION. The formation of individual specialty sections shall conform to the guidelines adopted by the Representative Assembly, and shall be recognized by the Executive Board.

Section 4. MEMBERSHIP. Membership in specialty sections shall be open to all AOTA members. AOTA members in good standing are entitled to designate membership in one specialty section without charge, and may obtain membership in additional specialty sections on a fee basis. Membership categories within sections shall be developed in accordance with the Procedural Guide of the Association.

Section 5. FEES AND PROCEDURES. Specialty section fees for membership in additional sections shall be recommended by the Fees Committee of the Representative Assembly, and submitted to the Representative Assembly for action and approval. Procedures for the organization and function of the specialty sections shall be established in accordance with the Procedural Guide of the Association.

Section 6. STEERING COMMITTEE. A steering committee, composed of the chairs elected from each specialty section, shall coordinate and facilitate the activities of the specialty sections, serve as an advisory committee to the President of AOTA, and report to the Representative Assembly in accordance with the Procedural Guide of the Association. A representative of the steering committee shall be elected from the committee to serve as liaison to the Commission on Practice. A National Office staff member directing practice matters shall serve as staff liaison to the committee.

Section 7. DISSOLUTION. A specialty section may be dissolved by the Representative Assembly if it does not continue to meet the requirements established by the Assembly.

Article X
STANDING COMMISSIONS, COMMITTEES

Section 1. STANDING COMMISSIONS OF THE REPRESENTATIVE ASSEMBLY.

A. *Standards and Ethics Commission.*

(1) Purpose. The purpose of the Standards and Ethics Commission shall be to recommend and coordinate the development of and to enforce the standards and ethics of the Association, which shall be approved by the Representative Assembly.

(2) Composition. The Standards and Ethics Commission shall have an even number of members, including the chair. The chair shall be recommended by the AOTA President and confirmed by the Representative Assembly. The commission shall include the chairs of its three standing committees plus at least four additional members who are appointed by the chair of the Standards and Ethics Commission with the approval of the Assembly.

(3) Standing Committees. The standing committees of the Standards and Ethics Commission shall be the Accreditation Committee, the Certification Committee, and the Practice, Education, and Research Standards Review Committee. Unless otherwise designated in the Procedural Guide of the Association, the composition of each standing committee shall be at the discretion of the chair of each committee and may include members of the Representative Assembly and resource persons, National Office staff, members of the Association and consumers. Utilizing standards established by the Commissions and approved by the Representative Assembly, the Standing committees shall have the responsibility for reviewing and accrediting educational programs, implementing procedures to designate eligible qualified membership and recognizing service programs in conformance with Association standards.

(4) Organizational Structure. The organizational structure, special and ad hoc committees, and meetings shall be delineated in the standard operating procedure of the Standards and Ethics Commission and included in the Procedural Guide of the Association. The chair of the commission and chairs of its standing committees may serve up to two (2) two-year terms, or until successors are appointed. The other members of the commission may be appointed for up to two (2) two-year terms on a rotation schedule as designated in the Procedural Guide of the Association. In the event of a vacancy, the chair of the commission shall have the authority to immediately appoint a successor for the remainder of the unexpired term.

(5) Functions. The Standards and Ethics Commission, acting in conjunction with its standing committees, shall:

(a) Identify needs for standards and ethics and make recommendations thereon to the Representative Assembly;

(b) Provide a process by which standards and ethics can be monitored;

(c) Review all existing standards and ethics for format, enforceability, and consistency with current philosophy, policy and bylaws;

(d) Function as a resource for, or in collaboration with, any body charged with writing and interpreting standards and ethics;

(e) Provide a mechanism for dissemination to and education of members of the Association and consumers regarding standards and ethics;

(f) Establish and maintain procedures for considering and reviewing allegations of nonconformance with AOTA standards and ethics.

B. *Commission on Education.*

(1) Purpose. The purpose of the Commission on Education shall be to promote quality education for occupational therapists and occupational therapy assistants relative to consumer health needs.

(2) Composition. The voting membership of the Commission on Education shall be composed of representatives from each approved or accredited technical, baccalaureate and graduate program. Each program shall be represented by one academic representative, one field representative, and one student, all of whom shall be AOTA members in good standing. The chair of the commission shall be elected by the voting members of the commission and confirmed by the Representative Assembly. The National Office staff member directing matters concerning basic and continuing education shall be staff liaison to the commission.

(3) Standing Committees. The standing committees of the Commission on Education shall be the Curriculum Advisory Committee, the Document Review Committee, and Commission on Education Nominating Committee.

(4) Organizational Structure. The organizational structure, officers and their terms of office, special and ad hoc committees and meetings shall be delineated in the standard operating procedure of the Commission on Education and included in the Procedural Guide of the Association.

(5) Functions. The Commission on Education, acting in conjunction with its standing committees, shall:

(a) Establish, implement and review educational standards for occupational therapy;

(b) Provide consultation to developing and ongoing basic and graduate professional and technical programs;

(c) Review and edit educational documents and direct them to appropriate bodies for action and publication.

(d) Develop and implement continuing educational opportunities.

C. *Commission on Practice.*

(1) Purpose. The purpose of the Commission on Practice shall be to develop standards and guidelines for practice in occupational therapy and to serve as a channel for information relative to practice.

(2) Composition. The Commission on Practice shall be composed of the chairs of its committees and a representative from the steering committee of the specialty sections. The chair of the commission shall be recommended by the Association President and confirmed by the Representative Assembly. The National Office staff member directing matters concerning practice shall be the staff liaison to the commission.

(3) Organizational Structure. The organizational structure, officers and their terms of office, committees and meetings shall be delineated in the standard operating procedure of the Commission on Practice and included in the Procedural Guide of the Association.

(4) Functions. The Commission on Practice, acting in conjunction with its committees, shall:

(a) Establish standards for practice manuals and other documents related to practice concerns;

(b) Collect and disseminate current information concerning practice;

(c) Develop patterns and alternatives for delivery of occupational therapy services;

(d) Identify and develop practice methodologies;

(e) Encourage and assist efforts in research.

Section 2. STANDING COMMITTEES OF THE REPRESENTATIVE ASSEMBLY.

A. *Agenda Committee.* The Agenda Committee, with the Speaker, shall determine the agenda and order of business for all meetings of the Representative Assembly in accordance with the Procedural Guide of the Association. The Committee shall conduct orientation and education sessions for members of the Assembly. The committee, when reviewing and assigning for study, recommendation, or action, all resolutions and motions to be considered by the Assembly, shall consult as necessary with the Recorder, Parliamentarian, Bylaws Committee chair or his designate, the President and the Executive Director.

B. *Bylaws Committee.* The Bylaws Committee shall review the bylaws of the Association and propose revisions and amendments as designated in the Procedural Guide of the Association. The committee shall have authority to make technical, editorial and clerical corrections in the bylaws to ensure consistency. The committee shall incorporate in its proposals pertinent resolutions adopted by the Representative Assembly and shall consider and may accept suggestions from Association members and groups.

C. *Credentials Review and Accountability Committee.* The Credentials Review and Accountability Committee shall review the credentials of Representatives and Alternates and shall maintain a roster of the members of the Representative Assembly. Should the Representative of a state election area be delinquent in fulfilling the duties inherent in the position, the committee shall notify the State Association. Should a State Association fail to nominate Representative(s) and/or Alternate(s) within the time limit established in the Procedural Guide of the Association, the committee shall notify the Nominating Committee, which will prepare a slate and conduct an election among the AOTA voting members in the state election area. The committee shall consider, propose, initiate and oversee removal requests and procedures for all Association officers, commit-

tee chairs, and officials of the Representative Assembly, as designated in the Procedural Guide of the Association. The committee shall authorize the seating of Alternates when appropriate. The committee shall not recognize Representatives who have been removed by the AOTA voting members of their state election areas. The committee shall verify for the Nominating Committee the eligibility of candidates for Association officers, Assembly officials, and WFOT Delegates and Alternates.

D. *Fees Committee*. The Fees Committee shall apprise the Representative Assembly of current needs and anticipated trends in the fee structure of the Association and shall make recommendations to the Assembly for action. The chair of the Fees Committee shall be a member of the Fiscal Advisory Committee of the Executive Board. The Association Treasurer and the chair or his designate of the Fiscal Advisory Committee shall be members of the Fees Committee.

E. *Long-Range Plan Committee*. The Long-Range Plan Committee shall assist in monitoring and evaluating Association progress in accomplishing the objectives of the long-range plan and in recommending changes in the plan. The committee shall be chaired by the Vice-President of the Association.

F. *Nominating Committee*. The Nominating Committee shall prepare a slate of eligible candidates for officers of the Association, for the AOTA Delegates and Alternates to the World Federation of Occupational Therapists, for the officials of the Representative Assembly, and for chairs of the standing committees of the Assembly. Should a State Association fail to nominate Representative(s) and/or Alternate(s), the committee, upon the request of the Credentials Review and Accountability Committee, shall prepare a slate and conduct an election in the state election area. Officers of the Association and officials of the Assembly are not eligible for membership on the Nominating Committee.

G. *Recognitions Committee*. The Recognitions Committee shall review candidates for and shall select recipients of all recognitions and awards granted by the Association. The Recognitions Committee may recommend policies for eligibility or guidelines for award procedures to the Representative Assembly for approval. The committee shall render the final decision regarding the selection of award recipients.

H. *Student Committee*. All student members of AOTA are members of the Student Committee. The Student Committee shall conduct the business of the occupational therapy and occupational therapy assistant student groups as it relates to student issues and concerns, in accordance with Association policies and the Procedural Guide. The committee shall be chaired by a student member of the Association, nominated and elected by the student members of the committee and confirmed by the Representative Assembly. The chair of the committee shall be a member of the Assembly with vote. The committee's standard operating procedure shall include procedures for designation of an Alternate.

Section 3. STANDING COMMITTEES OF THE EXECUTIVE BOARD.

A. *Fiscal Advisory Committee*. The Fiscal Advisory Committee, in coordination with the Treasurer and the National Office staff member directing fiscal affairs or his designated alternate, shall recommend a budget for the next two (2) fiscal years and anticipate changes in income or expenditures. The Fiscal Advisory Committee shall propose and oversee the financial program of the Association, including budgets, grants, contracts, investments, and endowments. The Committee shall collaborate with the Fees Committee of the Representative Assembly. The organizational structure, committees and meetings shall be delineated in the standard operating procedure of the committee and included in the Procedural Guide of the Association. The National Office staff member directing fiscal affairs shall be the staff liaison to this committee.

B. *Personnel Committee*. The Personnel Committee shall review, revise, classify, and approve position descriptions and salary ranges for persons employed by the National Office. The committee shall review trends in salary fringe benefit policies. It shall recommend to the Fiscal Advisory Committee salary increment ranges, cost of living adjustments and merit adjustments. The Personnel Committee shall advise the Executive Director on personnel matters, recommend and review personnel policies, establish grievance and appeals procedures, and serve as an appeals committee for the employees of the National Office. The organizational structure, committees and meetings shall be delineated in the standard operating procedure of the committee and included in the Procedural Guide of the Association. The National Office staff member directing personnel matters shall serve as staff liaison to the committee.

C. *Committee of State Association Presidents*. The Committee of State Association Presidents shall provide organized methods for enabling presidents of State Associations to meet more effectively the needs of their constituents and shall oversee the implementation of AOTA policy as it relates to State Associations. All presidents of State Associations shall be members of the committee. The committee shall facilitate sharing of plans and ideas, serve as a forum for the discussion of relevant, current issues and serve as a centralized source of information and materials which may be utilized by State Association presidents. The chair of the committee shall be elected by the committee members and shall serve as a member of the Executive Board with vote. The organizational structure, committees and meetings shall be delineated in the standard operating procedure of the committee and included in the Procedural Guide of the Association. The National Office staff member directing matters concerning State Associations shall serve as liaison to the committee.

Article XI
WORLD FEDERATION OF OCCUPATIONAL THERAPISTS — DELEGATES

Section 1. DELEGATES. The Association shall have a Delegate and two Alternates as representatives to the World Federation of Occupational Therapists, herein after referred to as WFOT.

Section 2. ELECTION. The Delegate and Alternates to the WFOT shall be elected by the AOTA voting members in good standing from a slate prepared by the AOTA Nominating Committee.

Section 3. QUALIFICATIONS. The Delegate and two Alternates shall be AOTA members in good standing, and shall have shown interest in international affairs by becoming individual members of WFOT.

Section 4. TERM. The term of the Delegate and two Alternates shall be five years, with eligibility for one successive term. The election of the Delegates and Alternates shall be according to the rotation schedule of the WFOT.

Section 5. RESPONSIBILITIES. The Association's Delegate or Alternates to the WFOT shall report fully on the Federation meetings. The Delegate or Alternates shall present to the Representative Assembly the agenda of each meeting of the Council of the WFOT in order that the Delegate or Alternates may be instructed in regard to proposed action. The Delegate or Alternates, upon approval of the Representative Assembly, shall submit and transmit reports to the Council of WFOT for action by that body.

Section 6. PARTICIPATION IN AOTA. The AOTA Delegate to the WFOT shall serve in the Representative Assembly as an ex officio member without vote. The First Alternate shall serve in the Representative Assembly with vote as the Representative of AOTA members residing outside the United States, its territories or possessions. The Second Alternate shall serve as the Chair of the International Committee.

Article XII
NOMINATIONS AND ELECTIONS

Section 1. ELECTIONS. Elections of the AOTA officers, Assembly officials, and WFOT Delegate and Alternates shall be by majority of the votes received from AOTA voting members in good standing. Unless otherwise stated, voting shall be conducted through individual mail ballots.

Section 2. SLATE. The Nominating Committee shall prepare a dual slate of candidates for each elective position to be filled. The Nominating Committee shall request through the members of the Representative Assembly a list of persons from which to select candidates qualified to fill vacancies. The committee shall not be limited to the names on this list in proposing a slate.

Section 3. BALLOT.

A. *Preparation*. The Nominating Committee shall prepare the ballot, which shall be mailed to voting members of the Association at least ninety (90) days before the annual business meeting. The ballot shall state the deadline date for the receipt of all ballots.

B. *Deadline*. The deadline for receipt of all marked ballots by the agent authorized to receive and count ballots shall be at least forty-five (45) days before the annual business meeting. The election shall be closed on this deadline date and no ballots received thereafter shall be counted.

C. *Announcement.* The results of the election shall be announced by the Nominating Committee in a National Office mailing prior to the annual business meeting. The Nominating Committee or its representatives shall retain the ballots until the close of the annual business meeting, after which time the ballots may be destroyed except in the event of a contested election.

D. *Tie Vote.* In the event of a tie vote, the ballots shall be recounted. If the result is still tied, the chair of the Nominating Committee shall draw lots at the annual business meeting and shall immediately announce the results.

E. *Contested Vote.* If a vote is contested, and the vote tally is separated by no more than five percent (5%) of the ballots received, the ballots shall be recounted.

Section 4. ELIGIBILITY. No individual may serve simultaneously as a Representative, officer of the Association, WFOT Delegate or as Speaker of the Representative Assembly. An individual who is elected or appointed to more than one such office must choose the capacity in which to serve.

Article XIII
STANDARDS AND ETHICS

Section 1. STANDARDS AND ETHICS. The Representative Assembly shall approve the standards and ethics of the Association. All members and components of the Association shall be bound by these standards and ethics, which shall be published in an official Association publication.

Section 2. DISCIPLINARY ACTION. Any member of the Association who violates the Association's ethics or standards shall be subject to possible disciplinary action. With approval by the Representative Assembly, the Standards and Ethics Commission shall develop procedures for the consideration of disciplinary actions, which shall provide for due process and procedures for appeal.

Article XIV
FISCAL YEAR

The fiscal year of the Association shall be determined by the Representative Assembly.

Article XV
DISSOLUTION CLAUSE

In the event this corporation should be dissolved for any reason, any remaining assets shall be distributed for purposes within the scope of the Internal Revenue Code Section 501 (c) (6), or any amendment thereto, and in accordance with the corporate statutes of the District of Columbia.

Article XVI
PARLIAMENTARY AUTHORITY

Except as otherwise noted, all meetings of the Association, Representative Assembly, Executive Board, specialty sections, committees and commissions will be governed by the parliamentary rules and procedures stipulated in the latest edition on *Robert's Rules of Order Newly Revised.*

Article XVII
AMENDMENTS

Section 1. MAIL BALLOT. These bylaws shall be amended or revised by the AOTA voting members only through individual mail ballots.

Section 2. NOTICE. The bylaws Committee shall announce in a National Office mailing that bylaws amendments or revisions are to be proposed. AOTA voting members may submit suggestions to the committee, and shall have at least sixty (60) days from the time of the announcement to the deadline set for receipt of comments.

Section 3. BALLOT. After consideration of suggestions, the Bylaws Committee shall forward to the voting members proposed changes in the form of a ballot at least forty-five (45) days prior to the deadline stated on the ballot for its receipt. The ballot must be marked and received by an agent authorized to receive and count ballots by the stated deadline, at which time voting shall be closed. Bylaws changes shall be determined by the majority of the mail votes received from voting members in good standing.

Section 4. ANNOUNCEMENT. Results of the balloting shall be announced in the next issue of the official newspaper. Unless otherwise stated on the ballot, amendments shall become effective upon publication. A certified copy of the accepted amendment(s) shall be printed in the *American Journal of Occupational Therapy.* Ballots may be destroyed by the Bylaws Committee or its representatives thirty (30) days after the announcement, except in the event of a contested vote.

Section 5. CONFLICTS.

A. *Tie Vote.* In the event that a tie vote results in conflict or inconsistency of the bylaws, the issue shall be placed on the agenda for and shall be resolved at the next meeting of the Representative Assembly. The Bylaws Committee shall prepare the document to be revised.

B. *Conflict or Inconsistency.* In the event that voting on several bylaws results in conflict or inconsistency of the bylaws, the issue shall be placed on the agenda for and shall be resolved at the next meeting of the Representative Assembly. Only those articles or sections that remain in conflict or result in inconsistency may be voted upon.

C. *Technical Corrections.* The Bylaws Committee shall have authority to make technical, editorial, and clerical corrections to keep the bylaws consistent without calling a vote of the voting members of the Association or the Representative Assembly. Any reasonable doubt as to whether a correction is technical, editorial, or clerical as opposed to substantive shall be resolved in the favor of the voting members, and a vote shall be called.